



THE HEALTH OF  
CHELTENHAM

1963



T. O. P. D. LAWSON, M.D., D.R.C.O.G., D.P.H.  
MEDICAL OFFICER OF HEALTH AND  
SCHOOL MEDICAL OFFICER

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## CONTENTS

	<i>Page</i>
INTRODUCTION . . . . .	5

**SECTION I**  
**Environmental Health Services**

	<i>Page</i>
Health Committee . . . . .	10
Vital Statistics . . . . .	11
Water Supply . . . . .	16
Swimming Baths . . . . .	18
Milk (Special Designation) Regulations . . . . .	19
Infectious and Other Diseases . . . . .	19
Housing . . . . .	24
Nursing Homes . . . . .	24

**SECTION II**  
**Welfare and Health Services**

	<i>Page</i>
Welfare and Health Committee . . . . .	26
(a) <i>Part III of the National Health Service Act, 1946</i>	
Section 21 – Health Centres . . . . .	27
Section 22 – Care of mothers and young children . . . . .	27
Section 23 – Midwifery . . . . .	33
Section 24 – Health Visiting . . . . .	35
Section 25 – Home Nursing . . . . .	35
Section 26 – Vaccination and Immunization . . . . .	36
Section 28 – Prevention of illness, care and after-care . . . . .	37
Section 29 – Domestic Help . . . . .	38
(b) <i>Mental Health Act, 1959</i>	
Functions of local health authorities relating to mentally ill and mentally defective persons . . . . .	38
(c) <i>National Assistance Act, 1948</i>	
(i) Welfare of disabled persons . . . . .	40
(ii) Removal of persons in need of care and attention . . . . .	42
(d) <i>Health Education</i> . . . . .	43

### SECTION III School Health Service

	Page
Education Committee (Medical-Sub) .....	46
Medical Inspection and Treatment .....	49
Dental Inspection and Treatment .....	55
Infectious Diseases .....	59
Speech Therapy .....	59
Physiotherapy .....	60
Child Guidance Clinic .....	60
Handicapped Children .....	62

### SECTION IV Environmental Hygiene *Report of Chief Public Health Inspector*

	Page
Summary of Visits .....	66
Factories Acts .....	69
Atmospheric Pollution .....	71
Housing .....	71
Food and Drugs .....	74
Public Abattoir .....	81
Noise Abatement .....	81
Pests Control .....	86

## Annual Report on the Health of the Borough of Cheltenham for the Year 1963

*To the Worshipful the Mayor, the Aldermen and Councillors of the  
Borough of Cheltenham.*

Mr Mayor, Ladies and Gentlemen,

The health of Cheltenham during the year under review has been singularly good. The town has been free of any of the serious infections and in fact has been remarkably free of the common infections. Poliomyelitis is again notable by its absence and tuberculosis in all its forms has only produced a total of twenty-one new cases with one death throughout the year.

The Infant Mortality Rate however is again disappointing in spite of the fact that there has been an appreciable fall in the number of infant deaths during the year. The high rate is due to an equally appreciable fall in the number of births which surprisingly has not kept pace with the usual annual increase in the population.

Under the mental health legislation steady progress is being made in providing better services outside the hospital for the mentally ill and the mentally deficient. During the summer our new Adult Training Centre for the mentally handicapped was opened and in the autumn the County Council opened a residential hostel in the town for the purpose of assisting the mentally handicapped to re-establish themselves in the community.

It is the intention, as stated in the Ten Year Plan for the Local Authority Health and Welfare Services, that these services must play an increasing part in the National Health Service as a whole, but this has already been happening as shown by the demand being made by the public for these services. Child Welfare Centres show increased attendances year by year, our two Day Nurseries in spite of extensions have waiting lists, and the development of welfare services for the blind, the mentally ill, and the aged, has necessitated the employment of additional staff. It is in this way that Local Authority Health Services can make their most useful contribution to the National Health Service by providing the facilities which make it unnecessary for people to go to hospital.

The following is a short summary of the more important aspects of the Public Health in Cheltenham during the year which may be convenient for those who do not wish to study the Report in detail.

### **Infant Mortality**

The infant mortality i.e. the number of infants who died in the first year of life per 1,000 live births, was 25.5 as compared with 27.4 the previous year, an improvement, but still well above the national average of 21.1 for England and Wales. The high infant mortality rate is a continuing disappointment and the only disappointing aspect of an otherwise excellent health record for the town. It will be discussed in detail later in the report.

### **Tuberculosis**

The incidence of tuberculosis in the town is still at a very satisfactory low level. Only twenty-one new cases were notified throughout the year and only one death was caused by this disease, a truly remarkable picture of a condition which only in recent years was so widespread and fatal, and is now curable and diminishing in incidence each year. We cannot yet, however, see the end of the disease in this country. Like other infectious diseases, at one time thought to be eradicated, the fall in incidence is being arrested by importation from other countries.

### **Lung Cancer**

Along with a further national increase in lung cancer deaths there has been a small increase in deaths from this cause in Cheltenham, 32 as compared with 29 deaths in 1962.

### **Other Vital Statistics**

There has been the usual annual increase in population from 73,770 in 1962 to 74,290 in 1963, an increase of 520. The increase in 1962 was 840. Surprisingly, the Registrar General's returns show an appreciable fall in the number of births despite the increase in population which in previous years has been accompanied by a corresponding increase in births. The number of births has fallen from 1,419 in 1962 to 1,332 in 1963, a decrease of 87. The increase in 1962 was 62. The birthrate, i.e. the number of births per 1000 population has also fallen appreciably from 19.2 in 1962 to 17.9 in 1963 and is, for the first time in many years, below the national average (18.2). The death rate at 12.8 per 1000 population is similar to last year's figure (12.94). The national average death rate is 12.2.

Once again my thanks are due to the Chairman and Members of the Public Health and Welfare and Health Committees for their support and consideration during the year and also to all members of the Health and Welfare Department staff. I would particularly mention the valued advice and assistance always available from Mr J. F. Ursell, Chief Public Health Inspector, and the general administration of the Department ably carried out by Mr W. H. G. Meakins who is responsible for the statistical data of this report.

We still maintain a friendly and valuable co-operation with the hospital authority and the general practitioners, a very important factor in the effectiveness of all the health services in their local application. Lastly I would like to thank all members of the many voluntary organizations in the town who continue to provide so much extra care for the sick and the disabled.

My thanks are again due to the local Press for their co-operation throughout the year.

T. O. P. D. LAWSON,  
Medical Officer of Health.



## SECTION I

### ENVIRONMENTAL HEALTH SERVICES

## PUBLIC HEALTH COMMITTEE 1963

Councillor R. F. BROOKES ( <i>Chairman</i> )	
Councillor D. G. ALDRIDGE ( <i>Vice-Chairman</i> )	
Councillor J. A. ASTON	Councillor A. G. K. FREWIN
Alderman C. BARLOW	The Mayor (Councillor D. H. St. L. MORRIS)
Alderman A. J. BETTRIDGE	Councillor R. H. C. SMITH
Councillor C. W. A. FOSTER	Councillor Mrs M. F. YEATES
(Co-opted Member, Charlton Kings U.D.C.: Mrs E. L. F. ALLPRESS)	

## STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	<i>Thomas O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.</i>
Deputy Medical Officer of Health	<i>P. M. Lambert, M.B., Ch.B., D.P.H.</i>
Chief Public Health Inspector	<i>J. F. Ursell, D.P.A., F.A.P.H.I., M.R.S.H.*†</i>
Deputy Chief Public Health Inspector	<i>A. L. Jones, M.A.P.H.I., San.Science R.S.H.*†</i>
Public Health Inspectors	<i>G. J. C. Buck, M.A.P.H.I., M.R.S.H.*†</i> <i>A. H. Carling, M.A.P.H.I., A.R.S.H.*†</i> <i>R. Hullah, M.Inst.M., M.A.P.H.I.*†</i> <i>H. Stone, M.A.P.H.I.*†</i> <i>R. J. Wintle, M.A.P.H.I.*†</i>
Chief Clerk	<i>W. H. G. Meakins</i>
Senior Clerk	<i>D. Y. Harrison</i>
Medical Officer of Health's Secretary	<i>Miss G. W. Hiron</i>
Chief Public Health Inspector's Secretary	<i>Miss M. E. Edden</i>
Clerical Assistant	<i>Miss E. M. Oliver</i>
Shorthand Typist	<i>Mrs J. Workman</i>
Enquiry Office Clerk	<i>Mrs N. Blatchly</i>
Junior Clerk	<i>Miss S. Davis</i>
Pupils	<i>R. S. Walker</i> <i>D. M. Wise</i>
Disinfection Officer	<i>G. Cross</i>

\* Certified Meat and Foods Inspector, R.S.H.

† Public Health Inspector's Education Board Certificate.

**NOTE.** For Rodent Control and Abattoir Staff, see report of Chief Public Health Inspector, page 88.

## SUMMARY OF GENERAL AND VITAL STATISTICS, 1963

Area of Borough	..	..	..	..	5,146 acres
Population	Census 1951, Corrected Figure	..	..	..	62,823
	Mid-year 1963 Registrar General's Estimate	..	..	..	74,290
Number of inhabited houses (as at 31.3.64)	(a) Houses and Flats	..	..	..	22,802
	(b) Hotels, Occupied Shops, etc.	..	..	..	589
Rateable Value (as at 31.3.63)	..	..	..	..	£3,178,977
Sum represented by a penny rate (1963-64)	..	..	..	..	£12,776

TABULAR STATEMENT OF THE MAIN VITAL STATISTICS FOR 1963  
(with comparative figures for England and Wales)

	M.	F.	Total	Cheltenham	England and Wales
<b>LIVE BIRTHS</b>					
Legitimate ..	619	597	1216		
Illegitimate ..	66	50	116		
<b>TOTALS</b> ..	<u>685</u>	<u>647</u>	<u>1332</u>		
Rate per 1000 population				17.9	18.2
<b>ILLEGITIMATE LIVE BIRTHS</b>					
Per cent of total live births ..	66	50	116		
				8.7%	
<b>STILL BIRTHS</b>					
Legitimate ..	10	7	17		
Illegitimate ..	—	3	3		
<b>TOTAL</b> ..	<u>10</u>	<u>10</u>	<u>20</u>		
Rate per 1000 total live and still births				14.8	17.2
<b>TOTAL LIVE AND STILL BIRTHS</b> ..	<b>695</b>	<b>657</b>	<b>1352</b>		
<b>INFANT DEATHS</b> (Deaths under 1 year)					
Legitimate ..	18	14	32		
Illegitimate ..	1	1	2		
<b>TOTAL</b> ..	<u>19</u>	<u>15</u>	<u>34</u>		
<b>INFANT MORTALITY RATES</b>					
Total infant deaths per 1000 total live births ..	..	..	..	25.5	21.1
Legitimate infant deaths per 1000 legitimate live births ..	..	..	..	26.3	
Illegitimate infant deaths per 1000 illegitimate live births ..	..	..	..	17.2	
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births) ..	..	..	..	15.0	14.2
Early Neonatal Mortality Rate (deaths under 1 week per 1000 total live births) ..	..	..	..	12.0	
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1000 total live and still births) ..	..	..	..	26.6	29.3
<b>MATERNAL MORTALITY</b>					
(including abortion) ..	—	—	—	—	—
Rate per 1000 total live and still births					0.28
<b>DEATHS</b> (all ages) ..	435	514	949		
Rate per 1000 population				12.8	12.2

**NOTE.** The figures for births and deaths are corrected for inward and outward transfers in order that the statistics may give as true a picture as possible of local conditions.

Main Vital Statistics—10 year period 1954-63 (inclusive)

YEAR	Estimated Population RG	CHELTENHAM			INFANT DEATH RATES Per 1,000 Live Births		TOTAL DEATHS		DEATH RATE Per 1,000 of Population				
		No. of Live Births	Birth Rate per 1000 population	Total Deaths of Infants (under 1 year of age)	Cheltenham		Cheltenham		England and Wales	Cheltenham	England and Wales	Pulmonary	Tuberculosis (Cheltenham)
					Recorded	Corrected	Recorded	Corrected					
1954	67450	1132	16.78	33	29.15	25.5	877	13.0	10.66	11.3	0.119	0.029	
1955	67730	1125	16.61	34	30.22	24.9	816	12.05	9.88	11.7	0.118	0.015	
1956	68010	1187	17.45	33	27.8	23.8	863	12.69	11.17	11.7	0.103	0.00	
1957	68230	1210	17.73	33	27.27	23.1	815	11.94	10.51	11.5	0.073	0.00	
1958	68610	1153	16.81	24	20.82	22.6	889	12.96	11.01	11.7	0.058	0.015	
1959	69490	1235	17.77	24	19.43	22.2	835	12.02	10.21	11.6	0.00	0.00	
1960	70370	1306	18.56	18	13.78	21.9	870	12.36	10.5	11.5	0.04	0.00	
1961	72930	1357	18.61	32	23.58	21.6	903	12.38	11.1	12.0	0.05	0.00	
1962	73770	1419	19.2	39	27.4	21.6	955	12.94	11.7	11.9	0.05	0.00	
1963	74290	1332	17.9	34	25.5	21.1	949	12.8	12.2	12.2	0.01	0.00	

## NOTES ON VITAL STATISTICS FOR 1963

### Population

The Registrar's estimate of the population of Cheltenham for mid-year 1963 is 74,290 which is 520 more than the estimate for 1962.

### Death Rate

The Crude Death Rate was 12.8 a slightly lower figure than that of last year. The corrected Death Rate (Registrar's correction factor 0.95) was 12.2 which is the same as the figure for England and Wales.

### Birth Rate

Live Births in 1963 totalled 1,332 which is 87 less than the figure for the previous year.

The Birth Rate was 17.9 and is slightly lower than the figure for 1962. The Registrar now provides a correction factor for birth rates. For Cheltenham this factor is 0.98 which gives a rate of 17.5 compared with 18.2 for England and Wales.

The number of Still Births, per 1,000 live and still births, was 14.8 (or 14.5 corrected) compared with 17.2 for England and Wales.

### Causes of Death relating to Cheltenham Residents as given by the Registrar General for the year 1963.

		<i>Male</i>	<i>Female</i>
1	Tuberculosis, respiratory	1	—
2	Tuberculosis, other	—	—
3	Syphilitic disease	1	—
4	Diphtheria	—	—
5	Whooping Cough	—	—
6	Meningococcal infections	—	—
7	Acute Poliomyelitis	—	—
8	Measles	—	—
9	Other infective and parasitic diseases	2	—
10	Malignant neoplasm, stomach	15	5
11	Malignant neoplasm, lung, bronchus	26	6
12	Malignant neoplasm, breast	16	—
13	Malignant neoplasm, uterus	10	—
14	Other malignant and lymphatic neoplasms	47	40
15	Leukaemia, aleukaemia	1	3
16	Diabetes	5	6
17	Vascular lesions of nervous systems	101	51
18	Coronary disease, angina	87	96
19	Hypertension, with heart disease	9	7
20	Other heart disease	68	30
21	Other circulatory disease	15	21
22	Influenza	4	—
23	Pneumonia	58	44
24	Bronchitis	15	29
	Total carried forward	370	449

		Total brought forward	Male	Female
25	Other diseases of respiratory system	.. ..	2	1
26	Ulcer of stomach and duodenum	.. ..	1	5
27	Gastritis, enteritis and diarrhoea	.. ..	2	4
28	Nephritis and nephrosis	.. ..	5	1
29	Hyperplasia of prostate	.. ..	5	—
30	Pregnancy, childbirth, abortion	.. ..	—	—
31	Congenital malformations	.. ..	5	3
32	Other defined and ill-defined diseases	.. ..	27	41
33	Motor vehicle accidents	.. ..	8	1
34	All other accidents	.. ..	5	6
35	Suicide	.. ..	5	3
36	Homicide and operations of war	.. ..	—	—
<hr/>				
All Causes		.. .. .. ..	435	514
<hr/>				

## DISCUSSION

The main feature of the above statistics on causes of death is the comparatively insignificant number of deaths due to the infectious diseases many of which in years past contributed substantially to the number of deaths in the community. Preventive measures have all but eradicated the infectious diseases as killers, and the main causes of death now vary little from year to year, and will continue to do so until some means is found of preventing the non-infectious killing diseases such as coronary thrombosis. Heart disease and cancer together are responsible for the majority of deaths during the year. Over 60 per cent of all deaths from heart disease were due to disease of the coronary arteries. There were 165 deaths due to cancer compared with 167 the previous year.

### Deaths from Accidents

The table below shows the number of deaths from accidents during the last five years, deaths caused by motor vehicle accidents being shown separately.

		Motor Vehicle Accidents	Other Accidents
1959	.. .. ..	.. 9	17
1960	.. .. ..	.. 13	22
1961	.. .. ..	.. 10	23
1962	.. .. ..	.. 7	19
1963	.. .. ..	.. 9	11

### Infant Mortality

There were 34 infant deaths during the year as compared with 39 the previous year giving an infant mortality rate of 25.5 as against 27.4 the previous year. The infant mortality rate for England and Wales in 1963 was 21.1. The causes of the 34 infant deaths were as follows:

			Neonatal	4 wks-1 yr.	Total
*Prematurity (stated or considered to be main cause of death)	..	..	7	—	7
Respiratory	..	..	1	8	9
Congenital Defects	..	..	6	3	9
Accidental Death	..	..	—	—	—
Cerebral Haemorrhage	..	..	3	1	4
Other Causes	..	..	3	2	5
			—	—	—
			20	14	34
			—	—	—

\*Total Premature babies i.c. under 5 lb. 8 oz. at birth = 16.

The above table shows a more encouraging picture than the previous year. Not only has the number of deaths due to prematurity dropped from 16 in 1962 to 7 but the total number of premature babies who died, whether from prematurity directly or some other cause dropped from 22 to 16. Deaths as a result of congenital defect, a condition over which we have no control, are down by one from ten to nine although deaths due to respiratory disease, the majority of which are preventable, have increased from six in 1962 to nine. Prematurity and congenital defects between them make up, as usual, 50 per cent of the infant deaths, a constant percentage which is difficult to reduce.

Of the 34 babies who died in the first year of life, 16 were premature according to their birth weights which were as follows :

3 lb. 4 oz. or less	..	..	..	..	7
Over 3 lb. 4 oz. - 4 lb. 6 oz.	..	..	..	..	4
Over 4 lb. 6 oz. - 4 lb. 15 oz.	..	..	..	..	2
Over 4 lb. 15 oz. - 5 lb. 8 oz.	..	..	..	..	3
					—
					16
					—

Seven out of these 16 premature babies had a poor chance of survival under the best conditions and treatment, being less than 3 lb. 4 oz. at birth and are in fact shown as having died directly as a result of prematurity.

A major work on the subject of infant mortality was published during the year, *The First Report of the British Perinatal Mortality Survey*, perinatal mortality being a combination of still births and deaths in the first week of life per 1,000 live and still births. The perinatal mortality, as shown in the Report accounts for the loss of thousands of infant lives every year, and is as important, if not more important, than the infant mortality. The still birth rate and the perinatal mortality for Cheltenham are shown in the main vital statistics on page 11 along with the corresponding national rates, and have a bearing on the significance of the infant mortality rate.

## WATER SUPPLY OF THE BOROUGH

Regular samples have been taken throughout the year at the sources providing the town's water supply. These samples are taken by the Public Health Inspectors of the Health Department and submitted for bacteriological and chemical analysis. In addition, one member of the staff is responsible for the sterilizing and testing of the Spa water at the Pump Room and delivering supplies to the Town Hall.

All samples of water supplies, including Spa waters, are examined by Mr J. Henderson, Analyst to the Cheltenham and Gloucester Joint Water Board, who has provided the following report showing the number of samples examined bacteriologically and chemically during 1963 with a statement on radioactivity.

## CHEMICAL EXAMINATIONS

No. of samples examined.  
1962 1963

## Cheltenham

## BACTERIOLOGICAL EXAMINATIONS

No. of samples examined.

## Cheltenham

## Tewkesbury

No. of samples examined.

Raw River Water	..	..	..	..	..	167	162
Coagulated Water at outlet Tanks	..	..	..	..	..	60	63
Coagulated Water above Filters	..	..	..	..	..	60	62
Filtered Water	..	..	..	..	..	721	865
Final Chloraminated Water	..	..	..	..	..	762	776
						1770	1928

With the exception of a few indoor swimming pool samples, the bacteriological condition of Cheltenham's potable water supplies and swimming pool waters has been very satisfactory throughout the year.

Contamination of an open reservoir continued to constitute a potential danger, forcing its intermittent withdrawal from supply. The decision to cover this reservoir aims at removing this danger, so enabling the source to be maintained in constant supply.

The bacteriological condition of the final water at Tewkesbury – the principal source of Cheltenham's supply – was maintained at a very satisfactory level throughout the year, despite the intense pollution to which this source is subject. The complicated problem of the sewage pollution of the River Severn is one which is unlikely to be solved in the immediate future. Although the presence of coliform organisms in volumes of river water of 0.01 ml. or less showed a reduction from 80.8 per cent to 71.6 per cent of the samples examined, the more important index of the confirmation of excremental bacteria (Bact. Col. I) showed but little change at 46.3 per cent.

Throughout the year, the chemical composition of Cheltenham's own supplies fell within the known limits, and their quality was always satisfactory for the purposes of a public supply.

## RADIOACTIVITY OF WATER SAMPLES AND RAINFALL

Following the maximum activity in the rainfall/snowfall of January, 1963, and in the absence of further nuclear explosions, there was a gradual declination of activity throughout the year, interspersed with two minor increases in May and July. The level is back to that of late 1961, and should now continue to fall.

In harmony with the precipitation, the contamination of the river water has shown a reduction, and activity is now at a very satisfactory low level. Even at the highest level of activity, there always remained a considerable safety factor in the condition of the final waters from Tewkesbury and from the town's own sources.

## SEWERAGE AND SEWAGE DISPOSAL

### Sewage Disposal

It is hoped that the new extensions to the Hayden Works will come into operation within the course of the next few months. This will increase the capacity of the works to 4 million gallons daily, Dry Weather Flow.

Work is also in progress on the Sludge Drying Plant. This, together with the new extensions, will enable all sludges to be handled on the Works. Land areas for the treatment of sludge will then not be required except in cases of emergency.

One further item which is now urgently required is a new outfall culvert which will convey the final effluent direct from the works to the River Chelt. Until this has been completed the new works will not be able to function to full capacity. Plans are, of course, in hand for this.

## **Sewerage**

Plans are in hand for the relaying of a portion of the Chelt main sewer, where it crosses the proposed new depot site at Arle. This will consist of approximately 500 feet of 78 inch diameter pipe. Generally, facilities for sewerage in the Borough are satisfactory, but further consideration will have to be given in the not too distant future to the relaying of further portions of the Chelt main sewer.

The need for the Northern Outfall sewer is now becoming more apparent to drain Council-owned land at Arle, and to provide drainage facilities in the Kingsditch Lane, Manor Road, Tewkesbury Road and Runnings Road area.

## **SWIMMING BATHS**

There are two public swimming baths in the town, a covered bath and an open-air pool. In both cases the source of the water used for filling is the mains supply and the method of treatment is filtration and automatic chlorination. In the covered bath there is a complete change of water every four hours, both in the main pool and the instructional pool. In the open-air pool there is a complete change every six hours.

Regular samples of water from the swimming baths are submitted for bacteriological examination. They showed that a satisfactory standard had been maintained throughout the year.

### MILK (SPECIAL DESIGNATION) REGULATIONS

During 1963, licences to use special designations in relation to milk sold within the Borough, totalled one hundred and twenty-three as follows:

Designation	Type of Licence		Total
	Pasteurizers	Dealers	
Tuberculin Tested	—	49	49
Pasteurized	1	60	61
Sterilized	—	13	13
<b>TOTALS</b>	<b>1</b>	<b>122</b>	<b>123</b>

Samples are taken fortnightly for analysis and the reports are submitted to the Health Committee.

Very few results during 1963 failed to satisfy the standards of the Ministry of Health.

### PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

The following statement shows the corrected numbers of cases notified during 1963. (Tuberculosis is dealt with separately.)

Dysentry	..	..	..	..	..	..	..	13
Erysipelas	..	..	..	..	..	..	..	3
Food Poisoning	..	..	..	..	..	..	..	16
Measles	..	..	..	..	..	..	..	490
Meningococcal Infection	..	..	..	..	..	..	..	3
Pneumonia (all forms)	..	..	..	..	..	..	..	18
Puerperal Pyrexia	..	..	..	..	..	..	..	33
Scarlet Fever	..	..	..	..	..	..	..	14
Whooping Cough	..	..	..	..	..	..	..	12

### NOTES ON INFECTIOUS DISEASES

As stated earlier in the Report the town has been free from any serious infectious disease throughout the year and has been little affected by even the common infectious diseases. The number of cases of measles has dropped by almost half compared with 1962. This happy state of affairs is due almost entirely to preventive measures which have already eliminated diphtheria, poliomyelitis, and to a large extent, whooping cough. It should not be long before an effective vaccine against measles is available.

## VENEREAL DISEASES

The following report has been received from A. E. Tinkler, M.A., M.D., D.P.H., Consultant Venereologist, South Western Region Hospital Board.

There was a slight increase in the total of new patients seen at the Venereal Disease Clinic at the Cheltenham General Hospital in 1963, although total numbers remain very small.

TABLE 1. New Cases : All Conditions – Cheltenham 1959-63.

Year	New Cases
1959	83
1960	94
1961	124
1962	106
1963	124

### Syphilis

In spite of a disturbing rise in the incidence of early infections of syphilis in England and Wales in recent years not a single such case was seen at the Cheltenham clinics in 1963. Indeed the only case of syphilis seen at the Cheltenham clinics during the year was one latent case discovered through routine antenatal serum testing. No case of congenital syphilis was seen in any age group during the year.

### GONORRHOEA

For the first year since 1954-55 the disturbing increase in the incidence of gonorrhoea in England and Wales was halted in 1962. In 1963 the incidence rose again but not at the previous rate. In Cheltenham the decrease of 1962 was not maintained, the 1963 figure being almost double that of the previous year. Fortunately, however, the total numbers remain very small.

TABLE 2. Incidence of gonorrhoea – Cheltenham 1959-63.

Year	New Cases
1959	15
1960	13
1961	23
1962	16
1963	30

I am pleased to be able to report the continued excellent co-operation between the Clinic and the Health Authority which resulted in the tracing and subsequent treatment of several female patients, thus reducing the reservoir of infection and limiting the spread of these diseases.

## ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS

There were 16 Food Poisoning notifications during the year.

## PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

*Part I* Summary of notifications of tuberculosis during the period from 1st January, 1963 to 31st December, 1963.

Age Periods	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total-all ages
Respiratory, Males	—	—	—	—	1	—	2	1	—	1	1	1	—	7
Respiratory, Females	—	—	1	—	—	2	2	2	2	—	—	—	1	10
Non-respiratory, Males	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Non-respiratory, Females	—	—	—	—	—	—	1	1	—	—	—	—	1	3

*Part II* Deaths from tuberculosis during the above-mentioned period.

Age Periods	Number of cases in age groups													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total-all ages
Respiratory, Males	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Respiratory, Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-respiratory, Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-respiratory, Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—

### Death Rates

The tuberculosis death rates for Cheltenham during 1963 were as follows :

Comparative Figures	Pulmonary Tuberculosis	0.01	Per 1,000 of Population
	Non-Pulmonary Tuberculosis	0.00	
	Total	0.01	
	England and Wales	Total 0.06	

The aforementioned statistics are very satisfactory showing a very low incidence of new cases of tuberculosis in the town and only one death from the disease. In this connection it is worth noting the latest published results of routine vaccination against tuberculosis which started in this country among 13-year-old schoolchildren about 1954. These children have been followed up by a research team of the Medical Research Council and the first children to be vaccinated, who are now 24, have been compared with a control group who had not been vaccinated. The results, published during the year, showed that the chance of contracting tuberculosis was five times higher in the un-vaccinated group.

The following report has been received from Dr F. J. D. Knights, M.D., M.R.C.P., Senior Chest Physician, North Gloucestershire Clinical Area :

During 1963, 23 newly notified cases of tuberculosis were handled in the chest clinic service.

Five of these were non-respiratory, four were primary infections of hilar glands or pleura, and 14 were cases of phthisis. Of these 14 cases of phthisis, two were minimal, 11 were moderately advanced and one was advanced.

Seven of the cases were referred from general practitioners, seven from other hospital departments, four were discovered on contact examination, three went to Mass Radiography and two were routine X-rays for other purposes.

The Cheltenham Register of persons notified as suffering from tuberculosis now stands as follows :

RED marked by infectious	..	..	..	16
YELLOW potentially infectious	..	..	..	77
GREEN non-infectious	..	..	..	162
				255

Of the 16 REDS, 13 are chronically infectious cases of whom four are at present drug-resistant. Two are in hospital. Five are unco-operative to varying degrees, and one of these, a vagrant from a lodging house, presented a great problem to all concerned, but has now been in hospital for some months.

In the control of tuberculosis much concern has been expressed at the risks of patients remaining chronically infectious with organisms which have become resistant to drugs, disseminating such strains of tubercle bacilli through the community, making their victims difficult to treat with safety. We have no evidence of drug-resistance becoming a significant problem in this area. A careful register is kept of all patients known to be excreting resistant strains of bacilli, and a special watch is kept on them and on their contacts.

24 patients are known to us who within the last year have shown resistance to one or more of the main three drugs. In five of these the bacilli have reverted to negativity or full sensitivity, and three patients have died.

There is no significant geographical distribution to suggest that any of these cases are creating a community of people infected with the strain of a particular resistance.

Six of these resistant cases came from Cheltenham Borough.

Only two cases presented with resistant strains of bacilli in their sputum at the time of initial diagnosis and before any treatment had been given, to one and to two antibiotics respectively, and both cases have now become negative with appropriate treatment.

The pattern of resistance has been seen to change in individual cases, but the current picture shows :

6	cases	resistant	to	Isoniazid	only
2	"	"	"	Streptomycin	only
4	"	"	"	P.A.S.	and Isoniazid
1	"	"	"	Streptomycin	and Isoniazid
3	"	"	"	Streptomycin	, P.A.S. and Isoniazid

Only two of the patients could be described as flagrantly unco-operative, e.g. refusing to take any treatment and unlikely to take any precautions. One of these was a man who became a major problem to the Public Health Department in Cheltenham as he was in a lodging house, but he has been in hospital now for several months. The other was a woman of 38 who infected her child, refused treatment for herself and the child, and has died. Apart from this child, only one other contact case is known to have arisen from a resistant case, and that was a tuberculous pleurisy.

Contact examinations arising out of Cheltenham Borough cases notified as tuberculous in 1963 :

Average number of contacts per case : listed 7.8, seen 5.5.

## Adults

Under 45		Over 45	
Called	Response	Called	Response
52	33 (63%)	35	15 (43%)

Overall percentage of attendance : 55%.  
No ease of significance was found.

## Children

Of 51 children called up, one did not attend at all. One was tuberculin positive but failed to attend for further examination and three were notified. Two of these were brother and sister, contacts of their father, whose tuberculosis was diagnosed at post mortem. They both had clear X-rays on initial examination, but were referred back by their doctor before their next routine contact check. The girl of 16 was found to have a tuberculous pleurisy and the boy of 11 had an adult-type pulmonary lesion. A child of three, contact of an aunt, was referred to the chest clinic by her doctor before contact action could be taken and was found to have tuberculous hilar adenitis.

The remaining 46 are analysed as follows :

Tuberculin positive.	Age 0-4. To G.P. and H.V. for observation	5
" "	Age 5-11 "	6
" "	12-16 for radiological follow-up .. ..	14
Tuberculin negative.	B.C.G. vaccinated .. ..	17
" "	defaulted from B.C.G. .. ..	1
" "	and/or X-rayed and discharged .. ..	2
B.C.G. vaccinated at school, for radiological follow-up .. ..		1
		46

## HOUSING

Regular visits were made with members of the Public Health Committee to houses considered unfit for human habitation and appropriate recommendations made to the Housing Committee.

The following is the number of cases dealt with during the year :

Number of cases rehoused because of tuberculosis ..	Nil	(2)
Number of cases rehoused from houses on which a Demolition or Closing Order was operative or certificate of unfitness issued .. .. .. .. .. .. ..	58	(79)

The 1962 figures are shown in brackets.

## REGISTRATION AND INSPECTION OF NURSING HOMES SECTIONS 187-194. PUBLIC HEALTH ACT, 1936

At the commencement of 1963 there were 11 Nursing Homes on the Register.

The total number of beds available at the end of the year was 110 classified as follows :

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during the year.	—	—	—	—
Homes whose registrations were withdrawn during the year.	1	—	7	7
Homes on the register at the end of the year.	10	—	110	110

Private Nursing Homes in Cheltenham still provide a most valuable addition to the accommodation available for sick persons.

Many of the homes provide mainly for old persons and help in no small way to solve a problem which yearly becomes more difficult.

Visits were paid to all Nursing Homes on two or more occasions during the year.

## SECTION II

National Health Services Act 1946

PERSONAL HEALTH SERVICES

## WELFARE AND HEALTH COMMITTEE 1963

Alderman A. J. BETTRIDGE (*Chairman*)Councillor C. W. A. Foster (*Vice-Chairman*)

Councillor J. A. ASTON

Councillor Miss M. N. P. DENT

Alderman C. Barlow

Councillor C. H. MARKHAM, O.B.E.

Councillor R. F. BROOKES

Councillor T. E. PARKER

Alderman Miss F. L. CARTER

Councillor Mrs M. F. YEATES

## CO-OPTED MEMBERS

Mrs G. MELLERSH

Mr A. F. NUTTER

Mrs D. M. MANN

Mrs H. SMITH

## WELFARE AND HEALTH STAFF

Medical Officer of Health

*T. O. P. D. Lawson, M.D.,  
D.R.C.O.G., D.P.H.*

Deputy Medical Officer of Health

*P. M. Lambert, M.B., Ch.B., D.P.H.*

Senior Health Visitor

*Miss E. M. Tatlow, S.R.N.,  
S.C.M., D.N.*

Health Visitors

10 *in number*

Home Help Organizer

*Miss M. Langford*

Assistant Home Help Organizer

*Mrs R. Langton*

Cheltenham Nursing Association :

*90 Home Helps*  
*Miss D. E. Tate, S.R.N.,  
S.C.M., Q.N.S., H.V.Cert.*

Superintendent

*Mrs P. Huxford, S.R.N.,  
S.C.M., Q.N.S.*

Assistant Superintendent

7 *Midwives*20 *Home Nurses*

Day Nurseries :

*Miss E. J. Pugh (Matron) N.S.C.N.*

Whaddon Road

7 *Staff*

Swindon Road

10 *Student Nurses*

Eildon Training Centrc :

*Miss M. Lee (Matron) N.N.E.B.*

Supervisor

5 *Staff*6 *Student Nurses*

Adult Training Centre :

*Mrs I. Halsall*

Supervisor

10 *Staff*

Health Centre :

*Mr J. Naylon*

Welfare Foods Centre :

4 *Staff*

Senior Mental Welfare Officer :

2 *Nurses*

Home Teacher for the Blind :

3 *Clerks (2 Part-Time)*

Welfare Assistants :

2 *Part-Time Clerks*

Administrative Staff :

*Mr G. H. Watts*

Chief Clerk

*Miss J. B. Finley*

Clerical Staff

2 *in number**Mr W. H. G. Meakins**Miss G. Kear Mrs P. Butfield**Mrs M. McCabe Miss S. M. Davis**Mrs E. Hunt Mrs L. M. Quirke*

## SECTION 21

### Health Centres

The numbers attending the Health Centre have been similar to the average for previous years but with the continued building programme on Hesters Way Estate, we can expect increased attendances in future. Several extensions have already been made to the Health Centre since it was opened in 1955 and it is not likely that any further population increase on the estate will necessitate further extensions. A very necessary extension of the office accommodation was completed during the year and the only other addition contemplated is a dental surgery which has been included in future health service planning.

Attendances during the year are shown in the following tables :

General Practitioner Consultations	Treatment and Casualties	Child Welfare	Ante and Postnatal	Total
16343	3212	3961	1982	25498

## SECTION 22

### Care of Mothers and Young Children

#### Child Welfare Centres

These are held weekly throughout the town as follows :

St. Michael's Hall, Whaddon Road	..	Thursday
St. Paul's Hall, Swindon Road	..	Tuesday
Hesters Way Health Centre..	..	Tuesday and Thursday
Bethesda Church Hall	..	Wednesday
Highbury Church Hall	..	Tuesday
Leckhampton Church Hall ..	..	Friday
Gloucester Road Methodist Sunday School		Wednesday
Windermere Road, The Bungalow	..	Thursday

Toddlers clinics for older children are held separately or in conjunction with these Centres.

Records of attendances are as follows :

No. of Centres provided	..	..	..	..	..	8
No. of Sessions held per month	..	..	..	..	..	36
No. of Children aged under 1 year who attended a Centre for the first time	..	..	..	..	..	1,343
Total No. of Children who attended a Centre during the year	..	..	..	..	..	3,147
Total attendances made :						
Children under 1 year	..	..	..	..	..	11,082
Children 1 to 5 years	..	..	..	..	..	6,183

All infant welfare centres have been well attended throughout the year and there has been a slight increase in total attendances compared with last year. It is satisfactory to report that we have at last been successful in obtaining permanent accommodation for the Centre in the Alma Road area through the good offices of the Education Committee who have allowed us to use the bungalow school in Windermere Road. The new clinic was opened in the autumn by an active and enthusiastic voluntary committee and, as expected, has proved very successful. We are indebted to the County Health Committee who have supplied a mobile unit until permanent arrangements could be made.

I must pay tribute once again to the continued effort and enthusiasm of all the ladies of the voluntary committees who are responsible for running our Welfare Centres. Along with our Health Visitors they are largely responsible for their popularity and increasing attendances and for the results achieved in this very fruitful field of preventive medicine.

### **Welfare Food Centre**

The Health Department undertakes the distribution of various welfare foods and diet supplements provided by the Ministry of Health. The distribution of welfare foods is carried out from the Welfare Food Centre in Clarence Street and from Child Welfare Centres in various parts of the Borough.

The sale of welfare foods shows a slight improvement on last year when there was a heavy drop following the introduction of economic charges.

The amounts distributed during 1963 were as follows :

National Dried Milk - tins	..	..	..	..	26,107
Orange Juice - bottles	..	..	..	..	22,925
Cod Liver Oil - bottles	..	..	..	..	1,913
Vitamin Tablets - packets	..	..	..	..	2,222

### **Family Planning Clinic**

The Cheltenham Branch of the Family Planning Association who act as the Council's Agents for the provision of this service, continues to run well-attended sessions in the School Clinic premises. Requests made to the Health Department, on medical grounds, are referred to the Family Planning Association.

### **Care of the Unmarried Mother and Child**

Arrangements for the care of the unmarried mother are provided on behalf of the Council by the Cheltenham Deanery Association for Social Work. This service is grant-aided by the Council. The number of cases dealt with in Cheltenham during the year was 107. There were 116 illegitimate births out of a total of 1,332 births, a percentage illegitimate birth rate of 8.7 per cent, the same as for 1962.

St. Catherine's Home in Cheltenham provides accommodation for the admission of unmarried mothers but they are also admitted to similar homes run by the Diocesan Moral Welfare Association in other parts of the country.

## Dental Treatment for Expectant and Nursing Mothers

The following report has been supplied by Mr J. S. MacLachlan, L.D.S., Area Dental Officer.

### A. DENTAL TREATMENT - NUMBERS OF CASES

(Figures for 1962 in parentheses)

(1)	Examined (2)	Needing Treatment (3)	Treated (4)
Expectant and Nursing Mothers	156 (228)	86 (187)	100 (125)
Children under Five	198 (215)	121 (143)	131 (120)

### B. DENTAL TREATMENT PROVIDED

(1)	Scalings and Gum Treatment (2)	Fillings (3)	Silver Nitrate Treat- ment (4)	Crowns or Inlays (5)	Extract- tions (6)	General Anaesthetics (7)
Mothers	24 (47)	113 (142)	0 (0)	0 (0)	92 (195)	11 (18)
Children	0 (0)	84 (70)	2 (1)	(0) 0	140 (150)	44 (45)

	Dentures Provided		Radiographs (10)
	Full Upper or Lower (8)	Partial Upper or Lower (9)	
Mothers	13 (7)	21 (33)	6 (27)
Children	0 (0)	1 (3)	3 (1)

Section 22 of the National Health Service Act, 1946, requires Local Health Authorities to provide for the "care, and in particular the dental care, of expectant and nursing mothers and young children," and it is thus under this Act that treatment is offered to the Priority Classes. As many expectant and nursing mothers are already in receipt of regular dental treatment from practitioners in the General Dental Services, it is the practice in Cheltenham, where possible, to persuade mothers to seek dental treatment from their

regular dental adviser, and only to offer treatment to those who have recently moved into the area or whose mouths show signs of gross neglect. This position is reflected in the annual figures where it will be seen that only 55 per cent of those examined during the year actually received dental treatment.

The position of the pre-school child is somewhat different, as surprisingly few of them seek treatment from the general dental services. It is in this field that the Local Health Authority can play such an important role, by ensuring that as many children as possible enter school at the age of five with their mouths in good order, and used and accustomed to dental treatment.

Ideally, all children should be dentally inspected in their third year of life and gradually introduced to the realities of dental treatment. It is during this most impressionable stage of a child's life that the seeds of his future attitude to dental treatment can be sown. Every effort is being made by all in contact with young mothers to ensure that they bring their children to the clinic for inspection at regular intervals; the response, however, is disappointing as many of the children inspected during the year have been examined at Welfare Centres and Day Nurseries.

## **Dental Health Education**

The Dental Hygienist, prior to her resignation in September, made some 60 visits to Welfare Centres and Antenatal clinics primarily to offer instruction to mothers on the three basic rules of oral hygiene – to avoid between-meal snacks, to finish all meals with a cleansing food such as an apple or piece of raw carrot, and to brush the mouth last thing at night. Generally speaking, she found that she appeared to achieve more success by engaging several mothers in discussion rather than by formal lectures to a greater number. During the year some 650 mothers received instruction in this manner, and it has been found that, while the majority of parents appear to realise the necessity for a planned system of oral hygiene, in many cases, however, there is no real understanding of the facts as is shown by the surprisingly large number of children who eat biscuits and a sweetened drink **after** they have cleaned their teeth at night.

It is essential that the Dental Health Education Programme, so ably commenced by Miss Oldham, should continue unchecked, but until her post is filled, this will not be entirely possible.

In this, my last report, I wish to express my gratitude to the Health Visitors of Cheltenham for all they have done to aid the Dental Staff in their efforts.

## **Orthopaedic Clinic**

An Orthopaedic Clinic is held on three occasions each month where children under five years can have postural and other defects remedied. Two sessions are held in the same premises as the School Physiotherapy Clinic and the third at the Health Centre.

## Care of Premature Infants

There has been a welcome drop in the number of premature babies i.e. the number of babies born with a birth weight of under 5½ lb. There were 94 live premature babies born compared with 118 the previous year.

Nearly all the very small premature babies are treated under specialist care in hospital but special arrangements exist for the treatment at home of those in the middle range of prematurity. Those above this weight but still under 5 lb. 8 oz. often require little extra care. The number of premature babies treated at home during the year was twelve. All made satisfactory progress.

Premature live births and still births notified during the 12 months under review were as follows :

### No. of Premature Live Births notified:

(a) In hospital .. .. .. .. .. .. ..	80
(b) At home .. .. .. .. .. .. ..	14

### No. of Premature Still Births notified:

(a) In hospital .. .. .. .. .. .. ..	7
(b) At home .. .. .. .. .. .. ..	—

The following table shows in more detail the distribution of premature babies born during the year by weight and survival rate :

Weight at birth	Premature live births								Premature still births	
	Born in hospital				Nursed, entirely at home or in a nursing home					
	Total births	Died			Total births	Died			Born in hospital	at home or in a nursing home
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		
1 2 lb. 3 oz. or less	3	3	—	—	—	—	—	—	—	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	4	2	1	—	—	—	—	—	3	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	11	1	—	—	1	—	—	—	2	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	19	—	2	1	2	—	—	—	—	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	43	1	—	3	11	—	—	—	2	—
6 Total	80	7	3	4	14	—	—	—	7	—

The total of 94 premature babies born alive during the year represents 7.1 per cent of the total live births, an improvement on last year's figure (8.3). The biggest improvement is shown in the number of babies (7) in the very lowest weight range, which compares with 17 in the previous year. This represents a reduction of almost 50 per cent in the number of very small

premature babies who under any conditions have little chance of survival. As will be noted, five of these seven babies died within 24 hours and a sixth within a week. If this level can be maintained there will be a steady improvement in the infant death rate.

### Notification of Births

The following table shows the actual number of births notified in Cheltenham during the period 1st January to 31st December, 1963, and the number is adjusted by any notifications transferred in or out of the area :

(1)	Live Births		Still Births		Total	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
	(2)	(3)	(4)	(5)	(6)	(7)
(a) Domiciliary	352	356	—	—	352	356
(b) Institutional	1789	1009	129	19	1818	1028
(c) Total	2141	1365	29	19	2170	1384

The number of births shown in the above table is the actual number notified in Cheltenham to the Health Department during the year but this is not the number credited to us by the Registrar General whose figure shows an appreciable fall in births for the year. For some years past the birth rate has risen each year along with an annual increase in population.

### Day Nurseries

There are two Day Nurseries in the town and both are well attended. One nursery has places for 40 children, the other for 50 children. Admission is on priority grounds only, but if vacancies are available, children in the non-priority class can be accepted on payment. This only rarely occurs in fact, and the extension of the Whaddon Day Nursery to cope with the large demand for places among the priority group was opened during the year :

The following table shows children on register and average daily attendances at the Nurseries during the year.

	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
	under 2 yrs	over 2 yrs	under 2 yrs	over 2 yrs	under 2 yrs	over 2 yrs
Swindon Road Day Nursery	15	25	11	39	7	25
Whaddon Road Day Nursery	15	35	17	34	15	27

### Nurseries and Child Minder Regulations Act, 1948

There have been a few changes in the Child Minders registered during the year, some additions approved by the Welfare and Health Committee and some cancellations. On 31st December, 1963 there were ten child minders registered with the Borough in accordance with the above regulations to look

after a total of 65 children. During the year one Day Nursery was registered for 25 children. Routine inspections are carried out during the year in accordance with the Regulations.

### National Society for the Prevention of Cruelty to Children

Very close co-operation is maintained between the Health Department and Inspector Hammer of the N.S.P.C.C. Frequent joint visits are made to homes, either on the initiative of Inspector Hammer or the Health Department and these visits are of mutual benefit. I would like to record my appreciation of the many instances in which Inspector Hammer has given valuable assistance both to the Health Department and the School Health Service in the welfare of children.

Inspector Hammer and the Medical Officer of Health attend the Joint Committee of Officers concerned with problem families where Cheltenham cases are discussed and appropriate measures taken following joint consultation.

## SECTION 23

### Midwifery Services

#### Antenatal Clinics

Antenatal Clinics are held at the Cheltenham Maternity Hospital and Hesters Way Health Centre. At the Health Centre the clinics are run by family doctors and midwives. At the Maternity Hospital, hospital medical staff, family doctors and midwives are in attendance. At both clinics, health education activities are run by our health visitors, who give talks or individual instruction to expectant mothers. Also at both clinics relaxation classes are held and are conducted by a qualified physiotherapist.

Maternity beds for hospital confinement are allocated for medical and social reasons. Each applicant is visited by a health visitor who makes an assessment of the need for institutional confinement in all cases where the reason for the application is other than medical. All institutional confinements take place at the Maternity Hospital or the Victoria Home, but occasionally when accommodation is over-booked, some cases are transferred to the Cirencester or Stroud Maternity Hospitals.

Following discussions with the obstetricians and the general practitioners with a view to improving the antenatal services, new arrangements were put into operation during the year for the booking of beds by expectant mothers at the maternity hospital. Formerly all bookings had to be made at the Health Department following which the procedure as described in the previous paragraph was carried out. Under the new arrangements all bookings must now be made at the maternity hospital where every applicant is examined by one of the medical staff and the decision made there as to which expectant mothers will be allocated a hospital bed for medical reasons. The names of those who are considered eligible on social grounds only are returned to the Health Department where a decision is made, following a report by the Health Visitor, regarding the allocation of a hospital bed.

The new procedure ensures at the time of booking that no expectant mother whose need for a bed is a medical one, is missed. It is hoped by improving the antenatal care of expectant mothers in this way, to reduce both the prematurity rate, the infant mortality rate, and any potential risks attendant on mother and child during the antenatal period, the confinement and the lying-in period.

Records of attendances of antenatal and postnatal clinics for the year were as follows :

*Antenatal Clinics*

No. of Antenatal Clinics provided	..	..	..	..	2
No. of sessions held per month	..	..	..	..	10
New cases attending	..	..	..	..	662
Total attendances made	..	..	..	..	3,721

*Post-natal Clinics*

No. of Postnatal Clinics provided	..	..	..	..	1
No. of sessions held per month	..	..	..	..	1
New cases attending	..	..	..	..	5
Total attendances made	..	..	..	..	5

**Domiciliary Midwifery**

The Midwifery Service in Cheltenham is based at the Victoria Home in charge of a Superintendent and an establishment of seven domiciliary midwives. The service is provided by the Cheltenham District Nursing Association on behalf of the Council. The service is administered by an Executive Committee on which the Borough Council has six representatives.

The following is a summary of the work of the Domiciliary Midwifery Service for 1963 :

**New Cases :**

Deliveries	..	..	..	..	365
Early Discharges from Hospital	..	..	..	..	375
<hr/>					
					740

**Visits Paid :**

Nursing Visits to Home Deliveries	..	..	..	..	4,942
Nursing Visits to Hospital Deliveries	..	..	..	..	2,379
Miscellaneous Visits	..	..	..	..	414
Antenatal Home Visits	..	..	..	..	2,517
<hr/>					
					10,252

**Clinic Sessions :**

Ante and Postnatal (combined) Sessions	..	..	..	..	257
--	----	----	----	----	-----

Following the increase in the number of cases admitted to hospital for a limited period, with early discharge, there has been a further decrease in home deliveries from 451 in 1962 to 365 during the year under review, so that only 27 per cent of deliveries took place at home. The domiciliary midwifery staff have had, of course, to cope with a rapid increase in home visits as a result of early hospital discharges but fortunately we have had sufficient full-time and part-time staff to deal with the extra work. It is too early yet to forecast the result of this new system of short stay in hospital for the mother, but it is to be hoped, that until further experience is available, it will be regarded as no more than an expedient to overcome temporarily the acute shortage of maternity hospital beds. It is hoped it will not become a substitute for these much needed beds.

We have been fortunate in retaining an adequate domiciliary midwifery staff and at the end of the year we had been successful in recruiting our full establishment.

## SECTION 24

### Health Visitors

The work of the Health Visitors continues to increase and during the year one additional Health Visitor was appointed, bringing the full establishment up to one Superintendent Health Visitor and ten Health Visitors. Fortunately we have little difficulty in recruiting staff.

Seven Health Visitors are based on the Health Department, two on the Health Centre, and one at the Maternity Hospital where she is responsible for health education in the Antenatal Clinics.

An additional duty has been undertaken by the Health Visitors in connection with early discharges from the maternity hospital, referred to in the previous section. By arrangement with the Matron the Superintendent Health Visitor is notified of all proposed early discharges and is responsible for a report on the suitability of the home to receive the mother and her new-born baby.

The following is a summary of the work done by the Health Visitors during the year:

Number of children visited during the year	..	..	..	5,658
First visits to infants under 1 year of age	..	..	..	1,516
Total visits to infants under 1 year of age	..	..	..	6,027
Visits to children aged 1 - 5 years	..	..	..	11,106
Visits to expectant mothers	..	..	..	700
Tuberculosis visits	..	..	..	356
Investigations of Social Conditions for Hospitals, visits to sick persons, old people, etc.	..	..	..	1,130
Number of attendances by Health Visitors at Clinic Sessions	..	..	..	832

## SECTION 25

### Home Nursing

The Home Nursing Service is based on Victoria Home and comprises a Superintendent with 18 full-time and 2 part-time Home Nurses. These numbers include 3 full-time male nurses and 1 full-time nurse who is responsible for the domiciliary nursing care of children. The male nurses and the children's nurse cover the whole town, but the other nurses work in specified districts. Nursing duties include all illnesses occurring in the home and also the care of patients discharged from hospital. Much time is taken up with the nursing care of the elderly, many of whom would have to be admitted to hospital but for the domiciliary care provided by the Family Doctor, the Home Nurse and the Home Help, with the very useful addition of the Meals on Wheels Service provided by the Women's Voluntary Organization.

Work carried out during the year is shown in the following table:

Number of cases on books, 1st January, 1963	..	..	346
Number of cases on books, 31st December, 1963	..	..	347
General Nursing:			
New cases of all types	..	..	1,549
Visits to all general patients	..	..	48,140

## SECTION 26

**Vaccination and Immunization**

The full range of vaccination and immunisation procedures continued throughout the year and the insignificance of our infectious diseases statistics bears testimony to the results year by year. There has been a change in the routine practice regarding smallpox vaccination which is now recommended in the second year i.e. any time after the first birthday but not before, as previously.

**Vaccination against Diphtheria, Whooping Cough and Tetanus**

The following figures show the number of completed courses carried out during the year and the number of booster doses :

**Complete Courses**

	Diph.	Diph. / Whooping Cough	Diph. /Tet.	Diph. / Whoop./Tet.
	23	31	86	1002
Boosters	1415	5	30	536

**Vaccination against Poliomyelitis**

During the year a total of 951 children between the ages of 6 months and 15 years received a complete course, together with 75 young persons and 117 in the older age groups. Booster doses covering all ages numbered 1,029.

**Chiropody Service**

This service is provided on behalf of the Borough Council by the Cheltenham Old People's Welfare Association. Owing to the shortage of qualified chiropodists the service is only available for priority cases : viz. old people, expectant mothers and the physically handicapped, but even with this restriction there is always a long waiting list of old people. It has not been possible to obtain the services of a sufficient number of suitably qualified chiropodists to cope adequately with the demand. The majority of Health Authorities are finding the same difficulty in recruiting chiropodists.

Owing to the shortage of chiropodists there is no longer a domiciliary service, but with the co-operation of the ambulance service, transport is provided when recommended by the patient's doctor.

Although there was quite a large waiting list at the end of the year, the statistics below show an overall improvement as compared with the previous year. It has been possible to get local chiropodists to do a few extra sessions and more people have received treatment. However, the demand for this service increases every year and there is little hope at the moment of fully meeting the demand.

The following is a summary of the work carried out during the year :				
Cases on the waiting list at 1st January, 1963	..	..	..	16
Cases on the waiting list at 31st December, 1963	..	..	..	57
Cases seen by chiropodists	..	..	..	786
Appointments not kept by patients	..	..	..	54
Sessions during the year	..	..	..	120
Chiropodists employed during the year	..	..	..	4

Sessions per month - June .. .. .. .. ..	7
January .. .. .. .. ..	8
February and March .. .. .. .. ..	9
April, August, September, October and November .. .. .. .. ..	10
May .. .. .. .. ..	11
July and December .. .. .. .. ..	13

## SECTION 28

### Prevention of Illness, Care and After-Care

#### Tuberculosis

All new notifications of cases of tuberculosis are sent through the Health Department to the Health Visitors who visit the family for the purpose of giving advice and tracing contacts who are referred for chest X-ray. They also visit patients who are being nursed at home or who have been discharged from hospital. A total of 356 visits were made during the year.

At 31st December, 1963, 22 persons suffering from tuberculosis were receiving free milk, which is granted in all cases where the income falls below a fixed minimum. Apart from other benefits received from National sources, these patients receive considerable help from the Cheltenham Tuberculosis Care Committee. This is a voluntary organization which raises its own funds and makes financial grants in needy cases. The Borough's Health and Welfare Services Committee is represented on the Tuberculosis Care Committee, and both the Medical Officer of Health and the Health Visitors attend so that it is known from personal experience what a worthwhile job this Committee is doing with the limited funds available and how many tuberculosis patients have received substantial benefits. This Committee deserve every encouragement and the gratitude of the community.

#### General

The general work of the Health Department in the prevention of illness, care and after-care, although a delegated function under the scheme, is very much a joint effort between our own staff, Health Visitors, Home Helps, District Nurses, etc., and other bodies, such as the National Assistance Board, Women's Voluntary Service, Red Cross, the County Welfare Department and the Tuberculosis Care Committee already mentioned. The Hospital Authority and the Family Doctors are very closely associated in this work especially as it concerns the care of patients discharged from hospital and the welfare of old people, and altogether it is this co-operative effort which achieves results. Cheltenham is also very fortunate in the amount of voluntary effort put into this work. I need only mention the Local Spastics Committee who run their own excellent school for spastic children, the Cheltenham Branch of the Infantile Paralysis Fellowship, the Cripples Aid Committee, the Muscular Dystrophy Group, and the well-known and greatly appreciated work done by the Committee who arrange for the weekly swimming sessions for handicapped persons at Alstone Baths. The latest venture, the opening of a Cheshire Home in the town, is already doing wonderful work.

Sick room equipment is available on loan when required for patients being nursed at home. Large items, such as wheel chairs, etc., can be obtained from the Red Cross at a small charge.

## SECTION 29

## Home Help Service

The demand for this service continues to grow and additional home helps were recruited during the year. As before, the greatest demand continues to come from the aged and chronic sick, and many of these require continual assistance over long periods. General sickness makes the next largest call on the service but we can expect an increase in maternity cases with the steadily increasing birth rate. There is still only a small demand for the night-sitter service.

There are still occasions when we cannot meet all demands on the service either because of a shortage of home helps or because of priority calls, but the majority of reasonable demands are met promptly.

Some 90 Home Helps are now working in the town under the supervision of the Home Help Organizer.

The following is a summary of the work done during the year:

	Mater- nity	Chronic Sick and Old Age	General Sickness	Tuber- culosis	Night Sitters	Total
No. of cases being assisted 1st January, 1963	3	260	27	3	—	293
No. of applications received during year	—	—	—	—	—	928
No. of new cases	113	226	118	—	3	460
Total number of cases assisted in 1963	116	484	148	2	3	753
No. of cases being assisted at the end of 1963	1	268	24	1	—	294

## MENTAL HEALTH

There has been a steady increase in the demand for the services of the Mental Welfare Officer during the past 12 months. It is anticipated that this demand will increase and in order to give adequate after-care the provision of extra staff for the Mental Health Department is being considered.

### Work in the Community

The Consultant Psychiatrist attends the General Hospital, Cheltenham twice weekly. He is available for domiciliary visits on the request of the General Medical Practitioner.

The close co-operation between the Hospital and the Local Authority Mental Health Services continues.

During the year the Mental Welfare Officer was directly concerned with the admission of 88 mentally ill persons to Hospital.

### Number of persons receiving after-care visits by the Mental

Number referred during the year for after-care visits .. .. 25

### Mental Subnormality

During the year there were three subnormal and three severely subnormal persons admitted to the Hospitals directly concerned with the subnormal. Of the six persons on the waiting list for admission none is considered urgent.

Number of subnormal and severely subnormal persons admitted to Hospital for periods of short term care for various reasons amount to 13.

Number of referrals during the year of subnormal and severely subnormal persons from various sources amount to 19.

Total number on the subnormal register as at 31.12.63	184
Receiving care and guidance in community .. ..	102
Under Guardianship .. .. .. ..	3
In Hospital or on extended leave .. .. ..	79
	184

*Employment.* Out of a total of 102 receiving care and guidance in the community there are 20 in full-time employment.

### Eildon Junior Training Centre

Pressure on the accommodation at this centre has been considerably relieved by the provision of junior and adult training centres in the City of Gloucester, and by the opening of our own new Adult Training Centre at Hesters Way. The workshop unit at Eildon has been adapted to form an ideal nursery unit which has been an urgent need for some years. Children with a physical as well as a mental handicap who were unsuitable for admission to the main building can now be accommodated at ground level in the new nursery unit. They also have their own secluded play area largely provided and equipped through the generosity of the parents' association. The new nursery unit and play area has proved a great asset at Eildon.

The Junior Centre now caters chiefly for children unsuitable for the normal school curriculum, up to the age of sixteen years. There is still a class over sixteen years, of trainees not suitable for immediate transfer to the Adult Centre, but they are being trained towards this end, the object being to restrict admissions eventually to those under sixteen.

### Adult Training Centre

This new purpose-built centre was opened during the Summer on a pleasant open site on Hesters Way estate. This development was a natural sequence to the small workshop built in the garden at Eildon three years ago, our first venture into this type of training, and which afforded useful experience which has been put to good use in the new Centre.

Although the new Centre has only been open for six months it is already apparent that it will have to be enlarged. Under the supervisor and an enthusiastic staff and with co-operation from local industry, sixty or more trainees are employed nearly full time on contract work for which they receive a small weekly payment. It is quite surprising how quickly they can be taught new skills which formerly would have been considered beyond their capacity. They are in fact being usefully and gainfully employed, playing an active part in the life of the community and at the same time receiving elementary educational and social training suitable to their needs.

Once again I would like to thank the managers and staffs of local firms who supply us with work. We appreciate it and hope that others will come along with further contributions. We would welcome a visit to the Centre of any employer who might be able to help in this way.

## WELFARE SERVICES

### Residential Accommodation

Under Section 21 (1) (a) of the National Assistance Act, 1948, the Welfare Department of the County Council is responsible for the provision in Cheltenham of residential accommodation "for persons, who by reasons of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them."

Mr H. D. Nichols, County Welfare Officer, has kindly supplied the following information concerning the number of Cheltenham old people in residential accommodation, as at 31st December, 1963.

Arle House	..	..	..	..	..	25
Sunnyside Old People's Home	..	..	..	..	..	48
Orchard House, Bishops Cleeve	..	..	..	..	..	26
East Court, Charlton Kings	..	..	..	..	..	12
Grevill House	..	..	..	..	..	29
Waiting List	..	..	..	..	..	18

### Temporary Accommodation

Under Section 21 (1) (b) of the National Assistance Act, 1948, the Local Authority has a duty to provide temporary accommodation "for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such circumstances as the authority may in any particular case determine."

This type of accommodation is provided by the County Welfare Department at the hostel at Newent.

### Welfare of the Deaf

During the year a total of 238 visits were made to the deaf and hard of hearing people in the Borough. Ages visited ranged from three months old to 92 years, and covered all degrees of deafness from hard of hearing to subtotal. At 31st December, 1963 there was a total of 185 men, women and children on the Borough register.

The Deaf and Hard of Hearing Club continued to meet fortnightly at Dowty House, and outings to places of interest, etc. were arranged during the summer months. The Club funds are gradually increasing and by next year it is hoped the Club will be self-supporting.

Young deaf adults from the Borough continued to attend the Auditory Training Class at Gloucester Royal Infirmary when work and weather permitted. As techniques, hearing aids, etc. improve much more can now be done to alleviate the problems of the deaf adult, but this will necessitate some additional facilities and trained help, if obtainable. The Welfare Officer for the deaf in Cheltenham also covers the County area and the service in the Borough could be improved with further assistance, e.g. language and auditory training classes would be of great help to deaf people in the town, and much more time could be spent on the rehabilitation of school leavers following audiological assessment. It is not often realized that the deaf child's difficulty in obtaining employment after leaving a deaf school is not due so much to deafness but to educational attainment, which with few exceptions, cannot be expected to reach the level of the average child with normal hearing. And yet many of these deaf children have a normal intelligence quotient. It is

therefore important to provide facilities for further education and rehabilitation for these children when they leave school so that they may be given every chance to take their place in the community.

The peripatetic teachers of the deaf visited children during the year with aural difficulties, attending local schools. The Welfare Officer continued to sit in on all assessment and hearing sessions at the Children's Clinic in Gloucester Royal Infirmary in order to maintain continuity of guidance. She also visited three risk babies on the observation register to ensure their hearing was not impaired. Visits were made to Borough cases in general hospitals and psychiatric wards. It is important in these cases that contact with the Welfare Officer should not cease if the person concerned has to be admitted to hospital.

The Medical Officer of Health, National Assistance Board and hospital staffs have continued to give help, and co-operation has also been maintained with other departments within the Borough service.

## Welfare of the Blind

During the year 34 blind and 12 partially-sighted cases were certified by the Ophthalmic Surgeons; four blind and two partially-sighted were transferred into Cheltenham from other Local Authorities, and six blind persons were transferred internally from Gloucestershire County register, making a total of 58 additions to the Borough registers.

During the same period there were 27 deaths (26 blind and one partially-sighted); 12 blind were transferred to the Gloucestershire County register, and one to another Local Authority; one blind person was de-certified and one partially-sighted person was registered blind.

Registers at 31.12.63. -	Blind	..	..	..	..	184
	Partially-sighted	..	..	..	..	27

The Home Teacher carried out routine visits to the blind in their own homes and continued to take those attending the various Clinics to the General Hospital. Visits were also made to 'C' cases now residing in County Homes and Hospitals. Lessons were given in Braille and Moon, and books and magazines of both types were supplied. Several Talking Books were installed.

The Home Teacher attended a residential course at Dartington Hall, Totnes, from 14th - 19th October, on Social Science and Welfare of the Blind.

The two deaf-blind men attended the Deaf-Blind Social weekend for the Western Counties, at Weston-super-Mare, from 2nd - 6th May, and appreciated it very much, deriving great benefit from it; they look forward to the quarterly rallies of the Gloucestershire deaf-blind. Thanks to kind friends, they enjoyed a Christmas Dinner, given to the local deaf-blind, at a Cheltenham hotel on 20th December.

The Weekly Social Club, closed during the winter months, re-opened in March; it is now held in the Highbury Congregational Church rooms, and continues to grow steadily; we are most grateful to our voluntary helpers, whose numbers have also grown; they give invaluable help with the Club and with parties, outings, etc. The 'Cotswold Roundabout' tape is now a monthly feature which is greatly enjoyed.

The Cheltenham and District Ladies' Licensed Trading Association gave the Club a generous donation of £30, and this was put to good use.

We are also very indebted to members of Toc H (Women's branch) for

their New Year's Party, held in March, and for the Outing to Malvern in June; these were enjoyed very much. The Inner Wheel very kindly gave their Annual Party in the Town Hall in April, and this was greatly appreciated.

As always, we have received great help and encouragement from members of the Committee of the Gloucestershire County Association for the Blind, also funds for extra gifts, comforts, etc., have been supplied.

#### Summary of the year's work done by the Home Teacher :

Visits to the Blind and Partially-Sighted	..	..	2,040
Other Visits	..	..	224
Lessons	..	..	128
Socials	..	..	46
Letters	..	..	534
Miles	..	..	7,159

#### Physically Handicapped Persons

The number of physically handicapped persons on the register continues to increase and was 467 at the end of 1963.

53 patients are receiving occupational therapy, including aids to daily living and craftwork.

The Occupational Therapy Centre which is held each Wednesday afternoon at R.A.F.A. Headquarters, Monson Avenue, has expanded considerably during the year and 22 people now attend, an increase of 8 since last year.

The British Red Cross Society Club for the disabled meets monthly on Tuesday afternoons at Ambulance Headquarters. It continues to increase its membership and now has 24 members. In May a party of Club members went on holiday to Weymouth, joining members of the B.R.C.S. Dursley Club.

The Cheltenham Cripples Aid Committee continue to visit regularly over 100 severely disabled cases and give invaluable help whenever a need arises which cannot be covered by the statutory services.

#### Meals on Wheels Service

This service has operated successfully during the year in the capable hands of the Women's Voluntary Organisation, providing a much needed and highly appreciated help for old people.

#### Removal to Suitable Premises of Persons in need of Care and Protection

(*National Assistance Act, 1948, Sec. 47 and Amendment Act, October, 1951*)

Four persons in need of care and protection were removed during the year under the above Act.

#### Welfare Assistants Training Scheme

In conjunction with the County Council Health and Welfare Departments we have started a scheme for the training and eventual qualification of assistant welfare officers with the object of ensuring a steady flow of qualified officers into this expanding sphere of Local Government Health and Welfare Services. Seven of these trainee assistants have already been appointed, two in Cheltenham and five in the County. Initial training is carried out in the Health and Welfare Departments at the County and in Cheltenham.

Initial training, lasting a year or more, covers a very wide field of welfare, health and social work, the trainees being attached for specified periods to the various departments concerned and working under the officer in charge. They are not permitted to carry out initial visits unaccompanied by an experienced officer but after some months experience they do follow-up visits on their own. They work chiefly among the aged, the blind, the mentally handicapped and the physically handicapped but are also attached for short periods to the Children's Department, the Housing Department, the Home Help Service and to any other sphere of activity included in the Local Authority Health and Welfare Services. The wider the field, the greater is the experience and I am most grateful to all those officers both of my own and other departments who have so willingly helped to train these young people.

After the initial period of training, the length of which is usually determined by available vacancies on national training courses, the trainee goes for two years on a diploma course for the National Certificate in Social Work. After qualifying the trainee returns for minimum of two years with the sponsoring Authority. Of Cheltenham's two trainees, one is at present doing the diploma course at Bristol and the other has recently started initial training.

During the period of initial training and while on the diploma course a basic salary and expenses are paid by the Local Authority, until the trainee can commence the full salary of a Welfare Assistant when qualified. This scheme is proving very popular with young people interested in social work, in fact, the only drawback is the small number of vacancies available. When the two appointments were made in Cheltenham there were some thirty applicants for each vacancy. It argues well for the future and is a pointer to the way ahead for the procurement of qualified staff in Local Government.

## HEALTH EDUCATION

Health Education in Cheltenham is the responsibility of the medical and nursing staff of this Authority, each bringing to bear their own particular method of health teaching with the object of achieving positive health by a better adjustment between the individual and his environment.

This process of communication is slow but thorough. Following the important advances which have been made in research work during the past few years on cigarette smoking in relation to the dangers of lung cancer, we have advanced our techniques by showing films on this subject in schools, and film strips with records to youth groups and womens' meetings in the hope that the knowledge gained will bring appreciation of the danger involved.

Venereal Disease Health Education has been more insidious, by being incorporated into many of the health talks, and principally by one Health Visitor in her visits to the Special Clinic. From here all contacts are followed up and invited to attend for treatment. A word in season is given on the subject of healthy living, at the same time understanding and helping the individuals with their difficulties and attitude to life.

Other aspects on healthy living are child development and care, with special regard to all the prophylactic treatments. These are promoted at our various school clinics, child welfare centres and at the two probation hostels in the vicinity.

We cannot assess too highly the work that is done at the Child Welfare Centres. This is only made possible through the valuable contribution of the voluntary helpers. Their interest for the mothers and children contributes very largely to the friendliness found at these Centres. By doing so many of the routine duties connected with the running of these Centres, the voluntary helpers are able to free the health visitors to give most of their time to Health Education. This covers all aspects of child care, with special emphasis on home safety and anti-flame materials for night and party wear. Dental hygiene, road and water safety have all at different times of the year been made special subjects for exhibitions or demonstrations.

Good work and enthusiasm is assured when the members of the Health Department work together as a team and produce the necessary equipment for the field workers. The co-operation of this team makes it possible for the Health Educationist, not only to give of her best, but to share in the achievement of all in doing a worth while job.

## SECTION III

### SCHOOL HEALTH SERVICE

# SCHOOL HEALTH SERVICE

## SCHOOL MEDICAL SUB-COMMITTEE

Alderman Miss F. L. CARTER (*Chairman*)

Alderman A. G. DYE	Mr H. J. NORRIS
Mr H. F. COOPER	Councillor T. E. PARKER
Rev. E. C. CANON HANSON	Mr L. J. RICHARDS
Miss D. HORTON	Councillor A. H. YATES
Mrs I. M. B. JAMES	Councillor Mrs M. F. YEATES

## STAFF OF THE SCHOOL HEALTH SERVICE

Borough School Medical Officer	<i>T. O. P. D. Lawson, M.D., D.R.C.O.G., D.P.H.</i>
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Assistant School Medical Officers	<i>P. M. Lambert, M.B., Ch.B., D.P..H Brenda G. King, M.B., B.S., M.R.C.S., L.R.C.P.</i>
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Area Dental Officer	<i>J. S. MacLachlan, L.D.S.</i>
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School Dental Officers	<i>A. W. McCarthy, L.D.S. W. G. de Clive Lowe, L.D.S.</i>
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School Clinic Nurses	<i>Nurse M. Laffineur, S.R.N., R.F.N. Nurse M. S. Read, S.R.N. Nurse A. Wood, S.R.N.</i>
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Physiotherapist	<i>Mrs V. Keene</i>
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Speech Therapist	<i>Mrs M. Heaven</i>
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Chief Clerk	<i>W. H. G. Meakins</i>
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School Clinic Clerks	<i>Mrs J. Abbott Miss J. Beach Miss A. Clark Miss M. Thomas</i>
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School Dental Attendants	<i>Mrs R. Facey Miss R. Fenton Miss M. Walton</i>
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School Dental Clerk	<i>Mrs K. Piercy</i>
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## SCHOOL HEALTH SERVICE

### ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER 1963

*To the Chairman and Members of the School Medical Sub-Committee*

Madam Chairman, Ladies and Gentlemen,

The demands on the School Health Service continue to increase along with the annual rise in the school population. The Service covers many aspects of the health of the school child, as will be seen in the Report, and much of the work is of a routine nature, producing no spectacular results, but showing a standard of school health which would not have been considered possible when the School Health Service started half a century ago.

There have been no epidemics of any kind, in fact the incidence of infectious disease is almost insignificant, even measles notification being down by more than half compared with last year. There was only one case of tuberculosis and it is encouraging to see a still further increase in the number of children presenting themselves for vaccination against this disease. After ten years of routine vaccination of 13-year-old school children we are now seeing a substantial reduction in the disease in young adults among whom it was formerly most prevalent.

All the other vaccination and immunisation procedures continue week by week and it is only because of this that infectious disease has ceased to be a serious problem. It will only remain so provided there is no relaxation in the application of these preventive measures, coupled with the willing co-operation of parents and teachers.

A very close and happy liaison is always maintained with the family doctors and the hospitals, in fact it is only as a result of this co-operation and team work that we are achieving together such splendid results.

Again, much time was devoted to the special examination of those children who because of mental or physical defect require special educational treatment. It is now much more widely known how much those children can be helped and as a result ascertainment is becoming more complete and effective. More accommodation is also becoming available both locally in the form of our new secondary school for the educationally subnormal, Brookfield, opened during the year, and nationally in the provision of more residential schools. Unfortunately we still have some difficulty in placing some children who suffer from more than one defect.

In order to deal with another distressing and common handicap among school children, an Enuresis Clinic was started during the year in the school clinic, in conjunction with Dr Doherty and the staff of the Child Guidance Clinic. This has been a successful venture and we have recently had a welcome offer of further assistance from Mr P. F. Boreham, F.R.C.S. at the General Hospital to whom, with the approval of the family doctor, we can refer children who may require surgical investigation.

Audiometry is now firmly established as a routine procedure in the schools and is proving invaluable in detecting at an early age the child with incipient deafness. We are indebted to the County Audiometrist for her services and to Mr G. N. Barker, F.R.C.S. at the General Hospital to whom, with the approval of the family doctor, we refer children, when necessary, for consultation and treatment.

In the school dental service we have been fortunate in having, for part of the year at least, a full complement of dental officers, plus a dental health education officer. Much useful work has been achieved especially in the

preventive field where so much still remains to be done if we are ever to raise appreciably the standard of dental health among our school children. This may be said to be the only epidemic remaining among our children. The dental health service has been considerably improved and expanded under the very able guidance of Mr J. S. MacLachlan, L.D.S., our Area Dental Officer.

The School Health Service is now a very comprehensive health service, devoted exclusively to the health of the school child. The full range of services provided and the results achieved can be studied in detail throughout the Report.

I would like once again to express my appreciation of the support and encouragement which I receive from the Chairman and members of the School Medical Sub-Committee and of the co-operation of Mr Simmonds, the Borough Education Officer and his staff and all the Head Teachers and their staffs. My thanks are also due to my own Medical and Nursing staff for their loyalty and support throughout the year.

T. O. P. D. LAWSON,  
School Medical Officer.

### School Medical Inspections

The routine medical inspections of school children have continued during 1963 and 4,564 children were examined throughout the year.

Children are examined :

- (a) on entry for the first time to a maintained school;
- (b) during the year in which they are 8 years old;
- (c) after entry to a secondary school when they are 12 years old, and
- (d) in the last year of their attendance at a secondary school.

These examinations are full routine medical inspections.

In addition, older pupils are examined before they leave school at the higher age groups in Pate's Grammar School for Girls, the Boys' Grammar School and the Technical High School.

As a result of these inspections, 586 pupils were found to have defective vision (excluding squint) and where necessary were referred to the Eye Specialist. A further 949 children were found to be suffering from other defects or diseases requiring treatment, and the necessary action was taken in all cases. The number of defects requiring to be kept under observation but not requiring treatment was 2,050 and the children concerned were kept under special observation during the year. This latter group, of course, includes very many minor defects which may be remedied spontaneously and never require treatment. They are kept under observation merely as a precautionary measure. This is, of course, the main purpose of the routine medical inspections, to prevent the minor defect becoming a major one.

The school population at the end of 1963 was 12,144 and every child has an up-to-date school medical record.

### Special School Medical Inspection

These inspections cover children examined other than at a routine medical inspection for some special reason. During 1963, 50 children were examined at these inspections, and the appropriate action taken.

### Re-Inspections

Re-inspections have been held each term in all schools in the Borough when children who had previously been noted at routine or special medical inspections to be in need of further observation and advice, were seen by the School Medical Officers.

During 1963, 1,206 children were examined at these inspections.

## PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(Including Special Schools)

Table A. Periodic Medical Inspections

Age Groups Inspected (By year of Birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1959 and later	105	104	99.0	1	1.0
1958	726	724	99.7	2	.3
1957	351	350	99.7	1	.3
1956	44	44	100	—	—
1955	938	938	100	—	—
1954	87	87	100	—	—
1953	—	—	—	—	—
1952	141	141	100	—	—
1951	860	859	99.9	1	.1
1950	81	81	100	—	—
1949	872	871	99.9	1	.1
1948 and earlier	359	359	100	—	—
TOTAL	4564	4558	99.9	6	.1

Table A. - (continued)

Pupils found to require treatment at periodic Medical Inspections  
(Excluding Dental Diseases and Infestation with Vermin )

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint) (7)	For any of the other conditions Recorded in Pt. II (8)	Total Individual Pupils (9)
1959 and later	—	28	28
1958	23	182	190
1957	7	92	97
1956	—	4	4
1955	97	216	282
1954	7	24	27
1953	—	—	—
1952	29	25	49
1951	146	150	265
1950	16	19	31
1949	137	148	264
1948 and earlier	124	.61	163
TOTAL	586	949	1400

Table B. Other Inspections

Number of Special Inspections ..	50
Number of Re-Inspections ..	1206
TOTAL	1256

**Table C. Infestation with Vermin**

(1) Total number of individual examinations of pupils in schools by school nurses or other authorized persons .. . . .	21,747
(2) Total number of individual pupils found to be infested .. .	124
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) .. .	102
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) .. .	—

**Table D. Screening Tests of Vision and Hearing**

1. (a) Is the vision of entrants tested ? .. .	Yes
(b) If so, how soon after entry is this done ?	First or second term
2. If the vision of entrants is not tested, at what age is the first vision test carried out ?	—
3. How frequently is vision testing repeated throughout a child's school life ? .. .	Age 8, 12 and 14 years
4. (a) Is colour vision testing undertaken ? .. .	Yes
(b) If so, at what age ? .. . . .	12 years
(c) Are both boys and girls tested ? .. .	No, boys only
5. By whom is vision and colour testing carried out ? .. . . . .	Vision by Nurses Colour testing by Doctor
6. (a) Is audiometric testing of entrants carried out ? .. . . . .	Yes
(b) If so, how soon after entry is this done ?	Age 6 years
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out ? .. . . . .	—
8. By whom is audiometric testing carried out ? .. . . . .	Audiometrist

## PART II

## Defects found by Medical Inspection during the year

Table A. Periodic Inspections

Defect or Disease	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin .. ..	17	36	35	21	42	59	94	116
Eyes								
(a) Vision .. ..	30	20	203	13	353	40	586	73
(b) Squint .. ..	55	28	11	1	66	20	132	49
(c) Other .. ..	5	7	5	7	17	13	27	27
Ears								
(a) Hearing .. ..	19	75	12	17	26	68	57	160
(b) Otitis Media .. ..	9	37	5	2	6	16	20	55
(c) Other .. ..	5	4	1	2	8	8	14	14
Nose and Throat .. ..	61	194	9	33	47	125	117	352
Speech .. ..	19	28	—	3	12	16	31	47
Lymphatic Glands	4	81	2	19	—	62	6	162
Heart .. ..	4	41	1	25	1	45	6	111
Lungs .. ..	17	68	3	15	13	61	33	144
Developmental								
(a) Hernia .. ..	—	—	12	2	1	4	6	19
(b) Other .. ..	7	26	7	11	11	58	25	95
Orthopaedic								
(a) Posture .. ..	4	15	27	49	40	67	71	131
(b) Feet .. ..	57	34	36	17	99	53	192	104
(c) Other .. ..	32	40	15	35	41	74	88	149
Nervous System								
(a) Epilepsy .. ..	—	—	5	—	8	4	13	4
(b) Other .. ..	2	3	1	3	3	9	6	15
Psychological								
(a) Development .. ..	1	9	—	5	19	20	20	34
(b) Stability .. ..	3	27	3	8	10	41	16	76
Abdomen .. ..	6	19	7	13	8	21	21	53
Other .. ..	21	25	9	16	23	19	53	60

(T) – Treatment. (O) – Observation.

**Table B. Special Inspections**

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin .. .. .. .. ..	—	1
Eyes		
(a) Vision .. .. .. ..	5	—
(b) Squint .. .. .. ..	3	—
(c) Other .. .. .. ..	—	—
Ears		
(a) Hearing .. .. .. ..	1	—
(b) Otitis Media .. .. .. ..	—	—
(c) Other .. .. .. ..	—	—
Nose and Throat .. .. .. ..	2	2
Speech .. .. .. ..	1	1
Lymphatic Glands .. .. .. ..	—	—
Heart .. .. .. ..	—	2
Lungs .. .. .. ..	2	4
Developmental		
(a) Hernia .. .. .. ..	—	—
(b) Other .. .. .. ..	1	1
Orthopaedic		
(a) Posture .. .. .. ..	1	2
(b) Feet .. .. .. ..	3	—
(c) Other .. .. .. ..	—	2
Nervous System		
(a) Epilepsy .. .. .. ..	—	—
(b) Other .. .. .. ..	—	—
Psychological		
(a) Development .. .. .. ..	2	4
(b) Stability .. .. .. ..	2	2
Abdomen .. .. .. ..	—	2
Other .. .. .. ..	1	1

**PART III**

**Treatment of Pupils attending maintained Primary and Secondary Schools**  
**(Including Special Schools)**

**Table A. Eye Diseases, Defective Vision and Squint**

	<i>Number of cases known to have been dealt with</i>		
External and other, excluding errors of refraction and squint .. .. .. ..			41
Errors of refraction (including squint) .. .. .. ..			819
			—
Total			860
No. of Pupils for whom spectacles were prescribed			547
			—

**Table B. Diseases and Defects of Ear, Nose and Throat**

	<i>Number of cases known to have been dealt with</i>
Received operative treatment :	
(a) for disease of the ear .. .. ..	10
(b) for adenoids and chronic tonsillitis .. ..	283
(c) for other nose and throat conditions .. ..	36
Received other forms of treatment .. ..	156
	<hr/>
Total	485
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1963 .. .. .. ..	3
(b) in previous years .. .. .. ..	6

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments .. .. .. ..	442
(b) Pupils treated at school for postural defects .. .. .. ..	—
	<hr/>
Total	442
	<hr/>

	<i>Number of cases known to have been dealt with</i>
Ringworm (i) Scalp .. .. .. ..	—
(ii) Body .. .. .. ..	3
Scabies .. .. .. ..	4
Impetigo .. .. .. ..	33
Other skin diseases .. .. .. ..	59
	<hr/>
Total	99
	<hr/>

**Table E. Child Guidance Treatment**

Pupils treated at Child Guidance Clinics .. ..	176
--	-----

**Table F. Speech Therapy**

Pupils treated by Speech Therapists .. ..	140
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**Table G. Other Treatment Given**

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with Minor Ailments .. ..	1532
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	5
(c) Pupils who received B.C.G. Vaccination	658
(d) Other than (a)(b) and (c) above (specify)	
U.V.L. Treatment .. ..	31
Anaemia .. .. .. ..	7
Chest .. .. .. ..	32
Debility .. .. .. ..	18
	<hr/>
Total	2283
	<hr/>

The foregoing tables record the general range of examination and treatment carried out within the school health service during the year and the various defects found to require treatment or observation. Except for defects of vision, no treatment is undertaken or arranged without the concurrence of the child's own family doctor. These statistics do not demonstrate a high rate of defects or disease. Much of the treatment undertaken is preventive or remedial and this is the main purpose of the school health service.

### Minor Ailments Clinics

These clinics serve a useful purpose for the referral of children from school or for special examinations.

### Audiometry

The routine testing of school children for hearing defect has continued in the schools during the year with the co-operation of head teachers, and is proving one of the most effective preventive measures of the School Health Service. The County Education Authority provide the services of a skilled examiner and the six-year-old group are selected for examination, although the examiner will test any special case referred to her by the head teacher. This is proving a very useful means of discovering early cases of hearing defect and where necessary, treatment can be started at an early age before the disability can affect the child's education. Details of 1,262 audiometric examinations carried out in Cheltenham schools during the year, are shown in the following tables :

### Routine Tests

<i>Number Tested</i>	<i>Number Failed</i>	<i>Referred Hospital</i>
992	68 (7%)	8

### Special Cases and Re-tests

<i>Number Tested</i>	<i>Number Failed</i>	<i>Referred Hospital</i>
270	59 (22%)	10

I am greatly indebted to Mr G. N. Barker, M.B., B.S., F.R.C.S.(ED.), D.L.O., Ear, Nose and Throat Surgeon, Cheltenham General Hospital, for his co-operation in the examination and treatment of cases referred to him by our School Medical Officers.

## PART IV

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1963 has been noteworthy as a year of progress in which there occurred the re-decoration of the clinics, the provision of a new mobile dental clinic, and many staff changes.

The re-decoration of the dental clinics, while ultimately resulting in greatly improved working conditions, occasioned much loss of time and great inconvenience to staff and patients alike, especially during the five months when Number 2 Clinic operated in a basement kitchen. This has had an inevitable bearing on the amount of work done in the year and is reflected in the annual returns.

#### **Staff**

We were very pleased to welcome Mr W. G. de Clive-Lowe, B.D.S.(N.Z.), who joined us on 1st October. Miss M. Oldham, dental hygienist, who had made such a great success of the dental health education side of her work, left in September to undergo a Teacher's Training Course, and it has so far proved impossible to replace her. In July, Mrs P. Huntley resigned as Dental Surgery Assistant and was replaced by Mrs R. Facey. In October Miss R. Fenton was appointed as Dental Surgery Assistant. It is worthy of mention that all Dental Surgery Assistants employed by the Borough are in possession of the Dental Nurses Society Certificate 'A'. There can be very few other authorities who can boast of having a hundred per cent fully qualified staff.

Mrs K. Piercy was appointed in December to fill the newly created post of Dental Clerk.

#### **Dental Health Education**

Prior to Miss Oldham's resignation in September an ambitious dental health education programme was being carried out in Cheltenham schools, and, during the year, some 2,500 children have received instruction in Dental Health. In all cases emphasis was laid on the importance of not eating sweet and sticky foods between meals, of ending meals with a fibrous food such as an apple or a piece of raw carrot, and of cleaning the teeth last thing at night — the three basic rules for dental health.

The efforts of the dental health education team were greatly aided by the gift, by the Cheltenham 'Teeth Matter' Committee, of a large supply of attractive pamphlets designed by Miss Oldham and Miss Jones.

#### **Mobile Dental Clinic**

Mention was made in my report for 1962 of the concern which was being felt at the number of broken appointments : the number of these has increased in 1963. Provision of a mobile, fully equipped, clinic in October is doing much to obviate this problem, as, by its use, treatment may be taken to the school and the child treated on the spot. It is especially valuable in peripheral schools from which younger children may find it difficult to reach the clinic. It has been greatly appreciated both by the teaching staff, as it minimizes the time spent away from lessons, and by the children, as it reduces the time in which possible apprehension at an approaching dental appointment may be felt.

## Caries Incidence

As a result of a preliminary survey into the incidence of dental decay among Cheltenham school children it would seem that the teeth of children entering the school at the age of five are considerably better than their counterparts in the neighbouring county areas. The reason for this is not clear, but it may be due, in part, to a possibly higher standard of education among the parents of young children in the Borough, who restrain their young children from noxious habits, such as the eating of snacks between meals. Unfortunately this dental superiority is not maintained for long, as a further survey has shown that there is little difference in the standard of dental health of eight-year-old children whether they live in the Borough or in the neighbouring rural area. This may well be due to the fact that, when small children are freed from parental restraint on entering school, they are apt to forget their early training. Nevertheless, thought must be given to the fact that some infant and junior schools still sell biscuits in the morning break, thus providing a temptation that may well be hard to resist, and an example that does nothing to assist dental health propaganda.

## General

As the *raison d'être* of the school dental service is the prevention of dental decay rather than the insertion of fillings and the extraction of decayed teeth, it is unfortunate that that great preventive measure, the fluoridation of the public water supply, has not found favour with the authorities in Gloucestershire; in spite of the assertion of the Ministry's Research Committee that, in their opinion, the raising of the fluoride content of drinking water to a level of 1 p.p.m. is safe. In the absence of this measure, constant and unremitting care must be taken by all those in close contact with children to ensure, both by example and precept, that the simple rules for dental care are observed. Generally speaking, most parents seem to be aware of these, but find difficulty in enforcing them, being especially concerned with "Granny, who always gives them sweets" and "Other children at school" who apparently have unlimited pocket-money and pockets bulging with sweets.

No single preventive measure by itself will solve the problem of dental caries in children but we should be using every means at our disposal, consistent of course with proved effectiveness and safety. The decision of the Welfare and Health Committee to recommend the adjustment of the fluoride content of the local water supply from 0.2 parts per million, the present natural content, to 1 part per million, the recommended adjustment, was not accepted by the Council. The addition of fluoride at this level to public water supplies has now been established beyond all reasonable doubt as a safe and effective method of protecting children's teeth against dental caries and no other preventive health measure has been more exhaustively investigated in order to establish its effectiveness and safety. The accumulation of evidence now available in this country and abroad cannot fail to convince all who are able to assess the validity of scientific and statistical data. But we have still to convince the public, or rather a very small but very vocal section of the public, who, however we may judge the sincerity of their views, have done a lot of mischief by exaggerating non-existent dangers and distorting and misquoting the published results of scientific research, all calculated to cause needless fear and distress among the public. Fluoridation will undoubtedly be accepted

throughout the county just as chlorination of water supplies and pasteurisation of milk were accepted after well meaning but misguided national protest campaigns. Fluoridation schemes are going ahead in many parts of the country and in due course the results will speak for themselves. Unfortunately, so many children will have to await these results and meantime miss the benefit of the first safe and effective measure yet known to guarantee a solution to the urgent problem of protecting the teeth of young children from decay.

The annual returns of work done during 1963 are given below. It will be seen that during the year nearly 80 per cent of the school population was inspected, and 63 per cent required some form of treatment. Of those requiring treatment, 3 per cent required such slight treatment as not to necessitate surgical intervention, and 15 per cent were noted as receiving regular and complete treatment from the general dental service. 82 per cent were offered school dental treatment and 41 per cent attended to receive it. This means that 41 per cent of those children requiring treatment did not receive regular dental treatment from either the general dental service or the school dental service.

Attendances for treatment dropped by about 7 per cent, but the number of fillings performed was only very slightly less than those done in 1962, and the number of permanent teeth extracted shows a welcome drop; the ratio of permanent fillings to permanent extractions being 6:1 for 1963, as compared with 5:1 in the previous year.

### Dental Inspection and Treatment

The following table gives the details of inspections and treatment carried out in the year 1963. Corresponding figures for the year 1962 are given in parentheses :

(1) Number of children inspected by school dental officers :				
(a) At Periodic Inspections	..	..	8671	(8241)
(b) As Specials	..	..	891	(779)
			<hr/> Total	<hr/> 9562
				(9040)
(2) Number found to require treatment	..	..	6025	(6027)
(3) Number offered treatment	..	..	4967	(4938)
(4) Number actually treated	..	..	2465	(2671)
(5) Number of attendances made by pupils for treatment, excluding those recorded at 13(a) below	..	..	4515	(4878)
(6) Half-days devoted to :				
Periodic School Inspection	..	..	88	(76)
Treatment	..	..	730	(739)
			<hr/> Total	<hr/> 818
				(815)
(7) Fillings : Permanent teeth	..	..	3184	(3346)
Temporary teeth	..	..	506	(410)
			<hr/> Total	<hr/> 3690
				(3756)

(8)	Teeth filled : Permanent teeth	..	..	2944	(3142)
	Temporary teeth	..	..	501	(402)
			Total	3445	(3480)
(9)	Extractions : Permanent teeth	..	..	521	(649)
	Temporary teeth	..	..	1291	(1582)
			Total	1812	(2231)
(10)	(a) Number of general anaesthetics given for extractions .. .. .. ..			659	(734)
	(b) Number of half-days devoted to the administration of general anaesthetics by				
	(i) Dentists .. .. .. ..			14	(0)
	(ii) Medical practitioners .. .. .. ..			58	(0)
			Total	72	(0)
(11)	Number of pupils supplied with artificial teeth			28	(50)
(12)	Other operations (a) Crowns .. ..			6	
	(b) Inlays .. ..			0	
	(c) Other treatment : Permanent teeth ..			993	(1014)
	Temporary teeth ..			217	(224)
			Total	1210	(1238)
(13)	Orthodontics :				
	(a) Number of attendances made by pupils for orthodontic treatment .. .. .. ..			149	(211)
	(b) Half-days devoted to orthodontic treatment			18	
	(c) Cases commenced during the year ..			23	(27)
	(d) Cases brought forward from the previous year .. .. .. ..			24	(12)
	(e) Cases completed during the year ..			23	(16)
	(f) Cases discontinued during the year ..			11	(4)
	(g) Number of pupils treated by means of appliances .. .. .. ..			46	(26)
	(h) Number of removable appliances fitted ..			15	(27)
	(i) Number of fixed appliances fitted ..			0	(0)
	(j) Cases referred to and treated by Hospital Orthodontists .. .. .. ..			0	(0)
			Total	309	(322)

## INFECTIOUS DISEASES

As the figures below show, the number of cases of notifiable infectious disease among school children in the Borough is almost insignificant, apart from the usual outbreak of measles.

<i>Measles</i>	<i>Diphtheria</i>	<i>Scarlet Fever</i>	<i>Whooping Cough</i>	<i>Paralytic Poliomyelitis</i>	<i>Non-Paralytic Poliomyelitis</i>	<i>Dysentery</i>
163	Nil	6	1	Nil	Nil	2

### **Tuberculosis**

There was one notification of tuberculosis among school children during the year.

### **B.C.G. Vaccination**

The following table shows details of tuberculin testing and vaccination against tuberculosis, a means of protection against the disease which has been available to school children between the ages of 13 and 14 years since 1954. It is encouraging to report a further increase in the acceptance rate from 80 per cent in 1962 to 89 per cent in 1963. This simple, safe and effective protection against tuberculosis is obviously acceptable to parents and it is hoped it will continue to be so.

<i>No. of Schools</i>	<i>Invited</i>	<i>Accepted</i>	<i>Tuber-culin Tested</i>	<i>No. Positive</i>	<i>No. Negative</i>	<i>% Positive</i>	<i>NOT Vaccinated</i>	<i>Vaccinated</i>
11	977	873	795	91	658	11.4%	46	658

As already stated in the introduction to the Report, after 10 years of vaccination, we are now seeing an appreciable reduction in the incidence of the disease in the 24-year age group in which the disease was once most prevalent. The Medical Research Council published a report during the year showing that the chances of developing the disease at this age was five times more likely in those who had not been vaccinated.

## SPEECH THERAPY

The same main centres have been used during the year but since the acquisition of a car by the Speech Therapist, more groups in schools have been undertaken. These are for trial periods to find out whether it is more economical of time and as effective as treatment in a Clinic.

Early in the year, unfortunately, the Speech Therapist was absent for eleven weeks due to illness. This is reflected in the figures in the analysis following, of the work done during the year. In addition to the number of children admitted 98 children were seen and advice given but regular Speech Therapy was not needed.

*Year Ending 31st December, 1963*

Number of Clinics held	..	..	..	..	..	246
Number of Sessions for School Visiting, Clerical etc.	..					127
Number of Consultations	..	..	..	..	..	169
Number of Treatments given	..	..	..	..	..	1,250
Number of Children admitted	..	..	..	..	..	43
Number of Children discharged	..	..	..	..	..	44
Number of Children on Register, 31st December, 1963	..					124

## Discharges

	Stammer		Stammer and Dyslalia		Dyslalia		Cleft Palate		Other		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Provisionally Cured	—	—	—	—	17	6	—	—	—	—	23
Much Improved	—	—	1	—	5	1	—	—	3	2	12
Slightly Improved/ Unco-operative	2	—	—	—	—	—	—	—	—	—	2
No improvement	—	—	—	—	—	—	—	—	—	—	—
Left District and School	1	1	—	—	—	1	—	—	1	3	7
<b>TOTAL</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>—</b>	<b>22</b>	<b>8</b>	<b>—</b>	<b>—</b>	<b>4</b>	<b>5</b>	<b>44</b>

## Physiotherapy

A physiotherapy clinic is held on two days per week. Children are referred by the School Medical Officer from the routine school medical inspections or from minor ailments clinics. Treatment consists of graduated exercises and ultra violet light. Progress is watched and the children are re-inspected at school.

The following statistics show the work done during the year :

Exercise	..	..	1183
U.V.L. Treatment			396

## Recuperative Holidays

We are indebted to the Cheltenham Rotary Club for generously providing a free fortnight's holiday for Cheltenham schoolboys at Weston-super-Mare.

The boys selected by the school medical officers, are convalescent or debilitated children, whose parents would not be able otherwise to provide them with a recuperative holiday by the sea. The boys stay at the Rotary Boys House where a healthy and happy holiday, with good food and regular hours, does much to restore them to their normal vigour. Travelling expenses are also provided by the Rotary Club.

The Cheltenham Rotary Club has been providing these holidays for schoolboys in the town since 1928 and up to four boys per month can be sent to Weston. On behalf of the School Medical Committee, I would like to express our sincere thanks for this very fine example of 'Service Before Self' and couple with it the gratitude of many parents in the town.

## Child Guidance Clinic

During the year many children have been referred to us for child guidance treatment, in most cases at the request of the family doctor. Dr P. R. Doherty, the Medical Director of the Child Guidance Service and his staff, has been most co-operative and expeditious in providing the necessary advice, help and treatment where required, and in cases where special educational treatment is considered necessary a recommendation comes before the School Medical Sub-Committee.

## Enuresis Clinic

This new clinic was started as a result of a suggestion by my Deputy, Dr P. M. Lambert, who enlisted the co-operation of Dr Doherty at the Child Guidance Clinic. The proposal was then brought to the School Medical Sub-Committee and with their approval, the necessary equipment was purchased. The Clinic is held twice monthly in the School Clinic and is staffed jointly by the Deputy Medical Officer of Health and a Psychiatric Social Worker from the Child Guidance Clinic.

Enuresis is a common and distressing complaint among school children, arising from many and sometimes obscure causes which often require detailed and specialist investigation. Specialist equipment, often necessary for treatment is also available, and in co-operation with the family doctor, is issued for use at home. Also, where it appears that surgical investigation is necessary, Mr P. F. Boreham, F.R.C.S. at the General Hospital has kindly offered to see any children we may wish to refer to him with the concurrence of the family doctor.

It was to meet an obvious need for the treatment of these cases that the new Clinic was started in the autumn and it was already well established by the end of the year. It has been welcomed by many family doctors as well as parents and I am sure it will increase in popularity. Sessions will probably have to be increased.

Work done during the four months up till the end of the year was as follows :

Number of clinics held	..	..	..	..	..	..	9
Number of new cases seen	..	..	..	..	..	..	15
Number of cases unsuitable for treatment	..	..	..	..	..	..	1
Number of consultations	..	..	..	..	..	..	28
Number of cases cured as at 31st December, 1963	..	..	..	..	..	..	3
Number of cases still under treatment	..	..	..	..	..	..	11

## Employment of Children and Young Persons

During the year, 73 school children were examined as to fitness for employment before or after school hours and the necessary certificate was granted in each case. The standard of fitness among Cheltenham school children is such, that it is exceptional if a certificate of fitness has to be refused to an applicant.

These children are kept under medical observation and there has never been any evidence that the part-time employment has been in any way detrimental to their physical or mental welfare.

All children leaving school are examined and advised in the light of their known medical histories as to any type of work for which they may have been found to be physically unsuitable and good liaison has been maintained with the Youth Employment Officer in this respect.

### **Handicapped Children**

In accordance with the requirements of the Handicapped Pupils and Special Schools Regulations, 1959, 109 pupils have been examined or re-examined during 1963 for the purpose of ascertaining whether or not they are suffering from a disability of the mind or body, and if the disability is such as to fall within a category requiring special educational treatment as prescribed by the Regulations. Of the pupils examined during 1963 the following recommendations were made :

To attend Day Special School	..	..	..	..	35
To attend Residential School	..	..	..	..	32
Unsuitable for education at school	..	..	..	..	6
Requiring friendly care and guidance	..	..	..	..	4
Recommended for Home Tuition	..	..	..	..	1

In addition a further 31 pupils were examined; 21 were found to require special education in an ordinary school and 10 were found to have no disability.

The results of these examinations which were carried out by our medical staff, who are specially qualified for the purpose, are brought before the School Medical Sub-Committee with an appropriate recommendation. They also include the examinations of school children referred to the Child Guidance Clinic with the recommendation of the Medical Director.

## SECTION IV

### ENVIRONMENTAL HYGIENE

Report of Chief Public Health Inspector

## ENVIRONMENTAL HYGIENE

### REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND MANAGER OF THE PUBLIC ABATTOIR

*To the Mayor, Aldermen and Councillors of the Borough of Cheltenham.*

Mr Mayor, Ladies and Gentlemen,

I wish to present my report on the work carried out in the Department during 1963.

The tremendous increase in the quantity of cooked meat products sold to the public undoubtedly carries with it the risk of additional food poisoning. An authoritative article on the incidence of food poisoning has stated that 70 per cent of food poisoning outbreaks were associated with meat and predominantly processed meat. In the section of my Report dealing with proceedings under the Food and Drugs Act, it will be seen that in one instance pork pies were sold to the consumer 13 days after manufacture. The prepared meat industry should impose upon itself the discipline of marking all meat pies and similar products either with the date of manufacture or the date of delivery to the shop. It is difficult to imagine a housewife cooking a meat pie and serving it up a week to ten days later. The moulds that are so frequently found on these pies could be an indication that pathogenic organisms have been incubating over a similar period.

The second Smoke Control Area was surveyed and the costs of altering appliances estimated. The White Paper on the future of Domestic Fuel Supplies and Circular 69/63 outlining the Government's policy in relation to Smoke Control Areas made it obvious, however, that the conversion costs would be very much higher. This, together with the anticipated shortage of smokeless fuels and their increased cost, resulted in the Order being deferred by the Committee.

The Offices, Shops and Railway Premises Act, published during the year, should greatly improve the Dickensian conditions of many back room offices.

Its provisions extend over a wide range covering ventilation, temperature, lighting and other essential facilities that affect the health of the office worker. The efficacy of the Act will depend upon the Regulations to be made by the Ministry of Labour, to whom reports and returns have to be submitted.

The new Meat Inspection Regulations, enforced by the Ministry of Agriculture, Fisheries and Food, came into force on 1st October, and made compulsory for the first time the inspection of the carcasses of all animals killed for human food. In Cheltenham there are no private slaughterhouses and full meat inspection has been carried out at the Public Abattoir for many years. An approved meat marking scheme, identifying not only the premises, but the individual Meat Inspector, has been in operation since March, 1959. As the Abattoir has for some years shown a profit, no meat inspection charges, as allowed by the Regulations, were imposed.

The Franchise Market continued to expand and the income from tolls almost doubled in the last financial year. It is hoped, when the future of the Marketing Society's premises has been settled, to utilize the stall area to much better advantage. The provision of a simple coverage to mitigate against weather conditions would undoubtedly result in an increase in the number of stall holders and enable a Saturday morning Market to be held, to the benefit of the Council.

In my last report I stressed the dangers of meat from the carcasses of animals that had died being sold as raw pet meat, stating it was one of the greatest public health dangers with which we are at present confronted. The Merthyr Tydfil disaster, where a horse, having died of rodent poisoning, was cut up and sold as pet meat, with the result that over 100 animals died, is an example of the risk to which pet owners and housewives are exposed.

The Programme submitted to the Ministry of Housing and Local Government for dealing with unfit dwellings is still ahead of schedule and the number of premises dealt with since 1955 has now reached 633. In view of the redevelopment of the Central Area and the future programme of new houses to replace the old and unfit, there are many advantages in carrying out a housing survey every 10 years in what are now termed obsolescent areas. This would provide essential facts on which a realistic programme could be based. There is a very great demand for better housing conditions, especially from the younger generation, but one is compelled to stress on many occasions that there is no legislation that enables the Local Authority to insist on the provision of a bath, an interior W.C. or a hot water service.

The purchase and reconditioning of suitable unfit houses for the Housing Committee continues and the demand for these, usually centrally situated houses, is high. An Improvement Grant is obtained and the average cost of reconditioning the houses so far completed is £556.

Harthurstfield Farm Caravan Site, licensed for 150 caravans, is approaching completion. It is an excellent site, the majority of the caravans being equipped with mains water and drainage, as well as electricity, television, a well-fitted kitchen, lounge and bathroom, and some being provided with central heating. Access is by means of curbed and properly lighted roadways, with suitable land-scaping and screening provided by trees and shrubs. This site is undoubtedly a great credit to the Company responsible for its development and an asset to the Borough.

Noise is an ever increasing source of complaint from members of the public and there is no doubt that, when excessive, it can be very distressing, especially at night. One such complaint concerned a compressor and pneumatic drill used in building extensions at a local bank. Work was being carried out in the evenings to avoid undue disturbance to the staff and was continuing late into the night. It was found necessary to serve a notice prohibiting the use of the compressor after 10.30 p.m.

In conclusion, I wish to thank the Chairman and Members of the Public Health and other Committees of the Council for their continued encouragement and support. I also acknowledge the advice and co-operation received from the Chief Officers and express my appreciation to my Deputy and staff for their conscientious service during the past year.

## SUMMARY OF VISITS

TABLE I

## General Sanitation

Water Supply	..	..	..	..	..	..	138
Drainage	..	..	..	..	..	..	1,562
Stables and Piggeries	..	..	..	..	..	..	4
Offensive Trades	..	..	..	..	..	..	10
Fried Fish Shops	..	..	..	..	..	..	17
Common Lodging House	..	..	..	..	..	..	10
Houses Let in Lodgings	..	..	..	..	..	..	12
Tents, Vans and Sheds	..	..	..	..	..	..	129
Factories	..	..	..	..	..	..	163
Outworkers	..	..	..	..	..	..	3
Bakehouses	..	..	..	..	..	..	38
Public Conveniences	..	..	..	..	..	..	34
Theatres	..	..	..	..	..	..	3
Refuse Collection	..	..	..	..	..	..	198
Pest Control	..	..	..	..	..	..	78
Smoke Observation and Atmospheric Pollution						..	11
Marine Stores	..	..	..	..	..	..	4
Schools	..	..	..	..	..	..	3
Miscellaneous Sanitary Visits	..	..	..	..	..	..	1,783
Interviews	..	..	..	..	..	..	470
						Total	..
							4,670

TABLE II

## Housing

## Under Public Health Acts:

No. of Houses Inspected	..	..	..	..	..	699
Re-Visits	..	..	..	..	..	521

## Under Housing Acts:

No. of Houses Inspected	..	..	..	..	..	398
Re-Visits	..	..	..	..	..	1,800

## Certificates of Disrepair:

No. of Visits	..	..	..	..	..	—
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## Overcrowding:

No. of Houses Inspected	..	..	..	..	..	8
Re-Visits	..	..	..	..	..	1

## Verminous Premises:

No. of Houses Inspected	..	..	..	..	..	3
Re-Visits	..	..	..	..	..	4

## Miscellaneous Housing Visits

No. of Visits	..	..	..	..	..	853
					Total	..

4,287

TABLE III

**Food Hygiene, etc.***Inspection of Meat:*

## Additional Visits for Meat Inspection (Full-time)

Meat Inspector at Abattoir .. .. .. .. 79

Visits to Other Premises .. .. .. .. 30

*Food and Drugs Act:*

School Canteens .. .. .. .. 29

Butchers .. .. .. .. 106

Fishmongers and Poulterers .. .. .. .. 10

Grocers .. .. .. .. 137

Greengrocers and Fruiterers .. .. .. .. 29

Dairies and Milkshops .. .. .. .. 21

Ice Cream Premises .. .. .. .. 43

Food Preparing Premises .. .. .. .. 71

Restaurants and Hotel Kitchens etc. .. .. .. .. 160

Licensed Premises .. .. .. .. 43

Market Stalls .. .. .. .. 55

Street Vendors' and Hawkers' Carts .. .. .. .. 8

*Food Inspection and Condemnation Visits* .. .. .. .. 236*Visits in Connection with Sampling:*

Milk - Bacteriological .. .. .. .. 19

Food and Drug Samples .. .. .. .. 224

*Miscellaneous Food Visits* .. .. .. .. 128

Total .. 1,428

TABLE IV

**Infectious Diseases and Disinfestation***Disinfestation:*

No. of Premises Treated .. .. .. .. 51

No. of Articles Treated .. .. .. .. 47

*Infectious Diseases:*

No. of Premises Fumigated .. .. .. .. 4

No. of Articles Disinfected .. .. .. .. 50

*Removal of Articles for Destruction:*

No. of Visits .. .. .. .. 144

*Special Visits* .. .. .. .. 1,644

No. of Re-Visits .. .. .. .. 404

Fumigation of Non-Infectious Articles .. .. .. .. 182

Total .. 2,526

TABLE V

**Rodent Control***Rats and Mice:*

No. of Visits for Inspection .. .. .. .. 1,687

No. of Visits for Treatment .. .. .. .. 1,545

*Other Pests:*

No. of Visits for Inspection .. .. .. .. 218

No. of Visits for Treatment .. .. .. .. 334

Total .. 3,784

TABLE VI

**Other Visits**

<i>Shops Act:</i>							
Closing Hours	..	..	..	..	..	..	68
Employment of Young Persons	..	..	..	..	..	..	5
Welfare	..	..	..	..	..	..	86
<i>Merchandise Marks Act</i>	..	..	..	..	..	..	33
<i>Rag Flock and other Filling Materials Act</i>	..	..	..	..	..	..	4
<i>Pet Animals Act</i>	..	..	..	..	..	..	15
<i>Removal of Unsound Food: No. of Visits</i>	..	..	..	..	..	..	184
<i>Waste Food Order</i>	..	..	..	..	..	..	6
<i>Agricultural (Welfare) Act</i>	..	..	..	..	..	..	—
<i>Animal Food Shops</i>	..	..	..	..	..	..	11
<i>Pharmacy and Poisons Act</i>	..	..	..	..	..	..	1
<i>Clean Air Act</i>	..	..	..	..	..	..	1,495
<i>Noise Abatement Act</i>	..	..	..	..	..	..	60
<i>Fabrics (Misdescription) Regulations</i>	..	..	..	..	..	..	4
						Total	..
							1,972
Total of Tables I, II, III, IV, V, and VI	..	..	..	..	..		18,667

**NOTICES SERVED**

During the year the following notices were served and/or complied:

		<i>Informal Notices</i>		<i>Formal Notices</i>	
		<i>Served</i>	<i>Complied</i>	<i>Served</i>	<i>Complied</i>
Public Health Act, 1936	..	..	151	150	28
Pests Act, 1949	..	..	—	6	1
Shops Act, 1950	..	..	3	3	1
Housing Act, 1957	..	..	—	1	—
Clean Air Act, 1960	..	..	—	—	4
Factories, 1961	..	..	9	11	2
		—	—	—	—
		163	171	32	33
		—	—	—	—

The Notices complied with include those outstanding from the previous year.

**Information in regard to Land Charges**

Requests for information under the Land Charges Act were received and dealt with during the year in respect of 2,275 Official Searches.

**PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961**

**PART 1 OF THE ACT**

**1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors.)**

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	30	9	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	349	140	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out - workers' Premises) .. ..	9	14	1	—
<b>TOTAL ..</b>	<b>388</b>	<b>163</b>	<b>9</b>	<b>—</b>

## 2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	9	8	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
<b>TOTAL</b>	<b>9</b>	<b>8</b>	<b>—</b>	<b>6</b>	<b>—</b>

**PART VIII OF THE ACT**  
**OUTWORK**  
**(Sections 133 and 134)**

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel (Making etc.)	21	—	—	—	—	—
(Cleaning and Washing)	—	—	—	—	—	—
<b>TOTAL</b>	<b>21</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

## ATMOSPHERIC POLLUTION

### **Smoke Control Area No. 2 (Orchard Way)**

A detailed survey was carried out during the summer, of the proposed No. 2 Smoke Control Area. This area adjoins the No. 1 (Hesters Way) Smoke Control Area and is entirely residential, comprising 1,109 houses (800 Council owned and 309 privately owned) and is 99 acres in extent. The houses are comparatively modern and, under the original Clean Air scheme the adaptations, where required, would be simple stool and fret replacements with gas ignition. The new Circular from the Ministry of Housing and Local Government and the Ministry of Fuel and Power's White Paper stated that Local Authorities should provide appliances capable of burning a standard coke and that all electrical appliances should be of the off-peak type, such as storage heaters. The availability and cost of premium smokeless fuels in the future, and the very considerable increase in conversion costs required under the above legislation, led the Public Health Committee to defer the making of the Order.

### **Deposit Gauges and SO<sub>2</sub> Recorder**

Three Deposit Gauges continue to be maintained, the one sited on the roof of a store in the centre of the town being moved to the Municipal Offices at the end of February. This gauge recorded an average of 8.15 tons of solids per square mile per month during the year, whilst the gauges at Hesters Way and Dunalley Street Schools averaged 8.08 tons and 10.4 tons respectively. The average for the whole town was 8.88 tons.

The SO<sub>2</sub> Recorder is still operated at the Municipal Offices.

## HOUSING

Housing inspections still occupy a considerable amount of the Public Health Inspector's time throughout the year. The larger Regency houses in which the rooms are let off to many families, continue to present a great problem. The rents are usually very high and the facilities provided are often of very poor standards, just sufficient to comply with the legal requirements.

I am pleased to see that increased attention is being paid in the newer houses to such matters as sound proofing and insulation, which should do a great deal to remedy the many complaints that have been received in new dwellings of condensation. Complainants often draw comparisons between lighting, central heating and labour-saving devices of the newer houses, compared with their own, but little can be done to assist them under present standards.

A further 44 houses and basements have been dealt with by means of Closing and Demolition Orders and Certificates of Unfitness, bringing the total in the Council's five-year Programme submitted to the Ministry to 321. 17 Closing Orders were determined and 3 Undertakings cancelled, indicating the desire of owners to render their property fit for habitation.

In a good residential area a large detached house was found to be in a very deplorable condition. There were three cats, five dogs and two fowls, in addition to the two aged occupants, who also had the custody of a 12-year-old girl who was living with them. These conditions had gradually deteriorated and, as the occupants were unable to improve them, a Closing Order had to be placed on the house. One occupant was removed to hospital and the other to an Old People's Home, the girl being found a good home with her relations.

The extremely cold weather conditions persisting over several weeks at the beginning of the year created many problems apart from the innumerable complaints of frozen and burst water services which were received. Of special concern were the hardships and difficulties suffered by elderly people, particularly those living alone and a number of visits were made during this period to ascertain whether assistance was required. Many were confined to their homes for days owing to the slippery condition of pavements and roads. Their chief worry was the possibility of running out of fuel and I feel bound to mention the excellent contribution made in this respect by the Mayor's Old People's Coal Fund, which gave many of these old people some warmth they would otherwise have been denied.

## HOUSING ACT, 1957

The following action under the above Act was taken during the year (figures for 1962 are given for comparative purposes):

			1962	1963
(a)	Closing Orders (Basement Dwellings)	..	..	11 10
(b)	Closing Orders (Parts of Houses, etc.)	..	..	— 4
(c)	Closing Orders Determined	..	..	24 17
(d)	Demolition Orders	..	..	6 4
(e)	Houses Closed	..	..	18 18
(f)	Undertakings to render premises fit	..	..	3 —
(g)	Undertakings cancelled	..	..	3 3
(h)	Undertakings not to use premises for human habitation	..	..	3 1
(i)	Houses demolished	..	..	109 23
(j)	Local Authority owned houses certified unfit	..	..	37 7

Action taken since the end of the War is as follows:

		No. of Houses	No. of persons displaced
(a)	Houses closed	.. .. ..	186 584
(b)	Parts of buildings closed	.. .. ..	380 985
(c)	Houses closed in pursuance of an undertaking by Owner	.. .. ..	49 170
(d)	Houses demolished	.. .. ..	336 850
(e)	Houses made fit as a result of formal notices	.. .. .. ..	237 —

## NEW HOUSES

New houses completed in the Borough since June, 1945 are as follows:

		By the Council	By Private Enterprise
Up to 31st December, 1960	.. ..	4,648	
During 1961	.. ..	187	
,, 1962	.. ..	117	
,, 1963	.. ..	31	
Up to 31st December, 1963	.. ..	4,983	3,458

## MOVEABLE DWELLINGS

Eleven Caravan Sites in the Borough are licensed for a total of 211 caravans.

Only four sites have 10 or more caravans. The largest, Harthurstfield, is still being developed and about one third of its capacity is occupied. The caravans being established on this site would be more accurately termed 'Mobile Homes'. The accommodation of the larger type includes a well fitted kitchen, lounge, bathroom and flush toilet, and two bedrooms, with central heating.

One site for 10 caravans was brought up to the standard required by the conditions of the licence only after legal proceedings had been taken last year.

The condition of stoves in caravans and possible fire risk causes much concern. The Chief Fire Officer submitted recommendations in respect of the construction and siting of solid fuel stoves and these were sent to the Site Operator concerned. The Public Health Committee considered this matter and decided to report to the Association of Municipal Corporations regarding their lack of power to deal with fire protection and the materials used in the construction of caravans.

## FOOD AND DRUGS

Thirty-six complaints in respect of unsatisfactory food were received from members of the public, a far greater number than in past years. Twenty-six of these concerned the presence of extraneous matter in the form of insects of various kinds, or of metal, paper, glass, etc. The remaining 10 referred to deterioration in quality, usually mould growths.

All complaints are investigated and the attention of the vendor or manufacturer, or sometimes of both, drawn to the matter, so that their observations can be made known to the Public Health Committee.

Court proceedings were taken in nine cases and fines inflicted varying from £5 to £40, details of which are as follows :

### Sample No. 247 - Knife Blades in Sliced Bread

A complaint was received from a member of the public regarding knife blades found in a sliced loaf of bread. Two loaves of bread had been left by a roundsman and, upon opening and partly consuming one of them, two serrated knife blades were discovered embedded therein.

The manufacturers stated that this metal was a portion of a slicer blade and it appeared that, during the slicing process one of the blades had snapped and entered the loaf unnoticed by the operator.

A fine of £25 plus £5. 5s 0d costs was imposed in the Magistrates' Court.

### Sample No. 6 - Mouldy Pork Pie

A pork pie purchased from a local shop on the evening of 23rd April, was found at noon the following day to be affected with mould after having been placed in a refrigerator overnight. The manufacturers stated that the code on the wrapper indicated that the pie had been baked on 10th April and was, therefore, 12-13 days' old when sold to the customer on Tuesday, 23rd April.

At the Magistrates' Court the Company concerned pleaded not guilty to the offence, but the case was proved and a fine of £25 plus advocates' fee of £3. 3s 0d imposed, the Chairman stating that he was satisfied with the evidence of the customer that she bought the pie on 23rd April.



*Aerial view of site situated off the main Cheltenham to Gloucester road – approved for 150 caravans.*



*Typical caravan connected to main drainage and fitted with bathroom, modern kitchen, wired television and central heating.*



### **Sample No. 27 – Mouldy Pork Pie**

This complaint was received on 9th May, from a local resident, and concerned a pork pie found to be mouldy whilst being eaten for lunch less than half an hour after purchase. The manufacturer's code indicated that the pie was 10 days old when sold. The vendors pleaded guilty and were fined £25.

At the conclusion of the case the presiding Magistrate remarked : "We hope that manufacturers and retailers will combine together to make sure that these cases, which are so properly brought in the public interest, do not become as numerous as they easily might. There seems to be quite a lot they could do to prevent the number of cases from increasing".

### **Sample No. 28 – Mouldy Pork Pie**

On 10th May, a pork pie was purchased from a local store and, on being unwrapped at home, was seen to be affected with mould. It was brought to the Department at 2.25 p.m. the same day. The code on the wrapper indicated that the pie had been manufactured on 5th May. The vendors regretted that it had been sold in this condition and had taken precautions to ensure such a thing would not happen again. They were fined £10.

### **Sample No. 29 – Cement in Milk Bottle**

An empty milk bottle, which, on inspection, was noted to contain a hard deposit, probably cement, adhering to the bottom, was brought to the Department on 14th May by a member of the public. The milk had been delivered on the morning of 12th May and, on being opened the following day, the deposit was seen when the contents were emptied into a jug.

A fine of £5 was imposed, plus £3. 3s costs.

### **Sample No. 31 – Cobwebs in Packet of Wheat Flakes**

A packet of whole wheat flakes, which had been purchased on 11th May, was found on the evening of 12th May, to contain a cobweb-like formation similar to the results produced by an infestation of cereal moths. The shop premises were visited and three packets of flakes of the same code number (4) examined. A similar formation to that mentioned above was found in one of these cartons which was withdrawn but, on returning to the office, it was found to contain a live larva. The manufacturers stated that the code indicated that the cartons were actually packed by them in April, 1962, and were, therefore, about 14 months' old.

The vendors pleaded guilty and were fined £25.

### **Sample No. 116 – Piece of Metal in Bread**

A Cheltenham Bakery was fined £20 for selling a loaf of bread to a customer which was found to contain a piece of thin ferrous metal approximately  $\frac{3}{4}$  inch long and  $\frac{1}{16}$  inch wide. The firm could not explain how the piece of metal came to be in the loaf as, immediately on leaving the oven, it would have passed through a metal detection which is extremely sensitive and would arrest any loaf containing a metal object. The apparatus was working on the night in question and a report was to be made to the manufacturers of the machine informing them of these facts.

### Sample No. 151 – Glass in Milk Bottles

This case concerned two pint milk bottles, one full and unopened and the other empty. In the full bottle several pieces of glass could be seen and there was one piece in the empty bottle. The milk had been delivered on the morning of 13th October and the dairy involved pleaded guilty to the offence, stating that they took every precaution to avoid foreign bodies getting into milk bottles.

A fine of £20 on each case was imposed.

### Sample No. 170 – Mouldy Puff Pastry

On 5th November, a member of the public brought to the Department a packet of puff pastry which had been purchased on 2nd November, and was found the following morning to be heavily affected with a green mould. The wrapper was perforated with a code mark which the manufacturers stated indicated it had been made on 7th October.

In mitigation it was stated that the packet had been sold by mistake to the customer and the vendor apologised for the error. He was fined £20, plus £3. 3s costs.

It is quite obvious from these facts that there is still room for improvement in the manner in which food is prepared, stored and sold. It should be possible to avoid the sale of mouldy foodstuffs by a system of stock rotation and, if more care was paid to the protection of food, there would be less risk of contamination.

There are only one or two open-fronted fishmongers' shops existing in the town. In view of the ever-increasing traffic giving rise to dust and fumes in the atmosphere, this practice is to be deprecated.

## SAMPLES OF FOOD AND DRUGS SUBMITTED FOR ANALYSIS

In accordance with Ministry of Health requirements, the following samples were taken :

Commodity	Formal	Informal	Commodity	Formal	Informal	
Anchovy Sauce	..	—	1	Chicken Fritters	..	1
Aniseed Pastilles	..	1	—	Chicken Rissoles	..	—
Apple Tart	..	1	—	Chilli Powder	..	1
Barley Powder	..	1	—	Chillies	..	—
Beans	..	—	1	Chocolate Bar	..	2
Beef Curry	..	—	1	Chocolate Biscuits	..	1
Beef Sausages	..	1	—	Chocolate Drops	..	1
Beef Suet	..	—	1	Christmas Pudding	..	1
Beer	..	1	—	Cider	..	2
Black Pudding	..	1	—	Cider Vinegar	..	—
Blackcurrent Cordial	1	—		Coffee	..	1
Brandy Butter	..	—	1	Cranberries	..	—
Bread Mix	..	1	—	Cream	..	1
Bronchial Mixture	..	—	1	Cream Meringues	..	1
Butter	..	3	—	Currants	..	—
Butter Biscuits	..	1	—	Dandelion Coffee	..	—
Butter Toffee	..	1	—	Date Cake	..	1
Cake	..	—	1	Dates	..	—
Cake Mixture	..	—	1	Desiccated Coconut	..	1
Calcium Lactate				Dessert Powder	..	—
Tablets	..	1	—	Diabetic Chocolate	..	—
Cereal	..	..	1	Diet Food	..	—
Cheese	..	..	1	Dried Fruit	..	—

Commodity	Formal	Informal	Commodity	Formal	Informal
Dried Peas ..	1	—	Nuts ..	1	1
Egg Custard ..	1	—	Olive Oil ..	1	—
Faggots ..	1	—	Onions ..	1	—
Figs ..	—	1	Paracetamol ..	—	1
Fish Cakes ..	1	—	Peanuts ..	—	1
Flaked Rice ..	1	—	Pepper ..	—	2
Flour ..	1	—	Peppermint Cordial ..	—	1
Frankfurter ..	1	—	Pickles ..	—	3
Fruit Gums ..	1	—	Pie Filling ..	1	—
Fruit Juice ..	—	1	Pork Pie ..	—	1
Garlic Powder ..	—	1	Pork Sausages ..	8	—
Gelatine ..	—	1	Potato Crisps ..	2	1
Gin ..	1	—	Prunes ..	—	1
Glucose ..	—	1	Quinine Bisulphate ..	—	1
Glucose Sweets ..	—	1	Raisin Beverage ..	—	1
Grapes ..	1	2	Rennet ..	1	—
Ground Almonds ..	—	1	Rice ..	2	1
Hamburgers ..	1	—	Rolled Oats ..	1	—
Honey ..	2	—	Rum ..	1	—
Horseradish Sauce ..	—	1	Russian Salad ..	1	—
Ice Cream ..	6	—	Saccharin ..	—	1
Ice Cream Mixture ..	—	1	Sauce ..	2	1
Iron Tablets ..	—	2	Savoury Biscuits ..	—	1
Jam ..	5	1	Seaweed ..	—	1
Jelly ..	1	1	Sherry ..	1	—
Kippers ..	—	1	Soup ..	1	—
Lard ..	1	—	Soup Powder ..	1	1
Lemonade Powder ..	1	—	Sponge Pudding ..	1	—
Lemonade Shandy ..	—	1	Stewed Steak ..	1	—
Liquid Paraffin ..	—	1	Stuffed Paprika ..	—	1
Liver Pate ..	—	1	Sultanas ..	1	—
Lolly Syrup ..	—	1	Sweetener ..	—	1
Luncheon Meat ..	1	—	Syrup ..	1	—
Macaroni Cheese ..	1	—	Tapioca ..	1	—
Madeira Cake ..	1	—	Throat Tablets ..	—	2
Margarine ..	3	1	Toffee Apple Mix ..	1	—
Marmalade ..	1	—	Tomato Juice ..	1	—
Marzipan ..	2	—	Tonic ..	2	4
Meat Tenderizer ..	—	1	Vermicelli ..	—	1
Milk ..	37	—	Vinegar ..	2	—
Milk Pudding ..	1	—	Vodka ..	1	—
Minced Beef ..	1	—	Whisky ..	2	—
Mincemeat ..	1	—	Yeast ..	—	1
Mineral Water ..	2	2	Yeast Tablets ..	1	—

Number of samples taken during 1963 :

Formal ..	..	..	..	..	150
Informal ..	..	..	..	..	79
					—
			Total ..		229
					—

### ICE CREAM

At the end of the year, 264 premises were registered for the storage and sale of ice cream, 11 were registered for the manufacture, storage and sale, and 4 were registered for the storage only of ice cream.

Six samples were submitted for chemical analysis, all were reported by the Public Analyst as being genuine.

## ACTION TAKEN IN CONNECTION WITH FOOD AND DRUGS

<i>Sample No.</i>	<i>Description</i>	<i>Formal or Informal</i>	<i>Report of Public Analyst</i>	<i>Action Taken</i>
195, 196 & 197	Milk containing Detergent	Complaint	Samples contained added Water and Detergent	Warning letter to Dairy
201 & 202	Paper in Bread	Complaint	—	Warning letter to Baker
203	Cardboard in Bread	Complaint	—	Warning letter to Baker
224	Grub in Raisins	Complaint	—	Warning letter to Packers
242	Glass in Milk Bottle	Complaint	—	Warning letter to Dairy
246	Mould on Cake	Complaint	—	Warning letter to Manufacturers
247	Knife Blade in Sliced Bread	Complaint	—	Proceedings taken, Manufacturers fined £25. Costs £5 5s.
260	Larva in tin of Tomatoes	Complaint	—	Warning letter to Importers
6	Mouldy Pork Pie	Complaint	—	Proceedings taken Vendor fined £25. Costs £3 3s.
27	Mouldy Pork Pie	Complaint	—	Proceedings taken, Vendor fined £25.
28	Mouldy Pork Pie	Complaint	—	Proceedings taken, Vendor fined £10.
29	Cement in Milk Bottle	Complaint	—	Proceedings taken, Dairy fined £5 plus £3 3s.
30	Stout Bottle containing Wooden Pegs	Complaint	—	Warning letter to Brewery
31	Cobwebs in Packet of Wheat Flakes	Complaint	—	Proceedings taken, Vendors fined £25.
51	Beetle in Jam	Complaint	—	Warning letter to Vendor
52	Toffee Paper in Bread	Complaint	—	Warning letter to Baker
54	Fly embedded in crust of Bread	Complaint	—	Warning letter to Baker
64	Adulterated Milk (from vending machine)	Complaint	Contained Dried Milk and Dirt	Warning letter to Packers

Sample No.	Description	Formal or Informal	Report of Public Analyst	Action Taken
66	Mouldy Fruit Jelly	Complaint	—	Warning letter to Vendor
79	Mouldy Sausage Roll	Complaint	—	Warning letter to Vendor
94	Mouldy Cake	Complaint	—	Warning letter to Vendor
101	Fly in portion of Meat Pie	Complaint	Fly had been baked in pie	Warning letter to Vendor
102	Fly embedded in Crust of Bread	Complaint	—	Warning letter to Baker
103	Decomposed Tinned Vegetable Salad	Complaint	—	Warning letter to Vendor
113	Beetle in Butter	Complaint	—	Warning letter to Vendor
114	Decomposing tin of Corned Beef	Complaint	—	Warning letter to Vendor
116	Piece of Metal in Bread	Complaint	—	Proceedings taken, Baker fined £20.
150	Grub in Chocolate	Complaint	—	Warning letter to Vendor
151	Glass in Milk Bottles	Complaint	—	Proceedings taken, Dairy fined £40.
163	Jam	Informal	Rather low in Soluble Solids Content	Verbal warning to Vendor
170	Mouldy Puff Pastry	Complaint	—	Proceedings taken, Vendor fined £20 plus £3 3s.
171	Part of Insect in Cake	Complaint	Identified as Spider's leg and had been baked in Cake	Warning letter to Baker
184	Piece of Plastic in Sausage	Complaint	—	Warning letter to Vendor
211	String in Cake	Complaint	—	Warning letter to Vendor

**PARTICULARS OF FOODSTUFFS EXAMINED AND REJECTED AS UNFIT FOR HUMAN CONSUMPTION**

Tinned Foods			Tins	Tons	Cwt.	Qrs.	lbs.
Meat	..	..	1,011	1	—	—	6
Fish	..	..	622		2	1	24
Vegetables	..	..	2,167		18	3	24
Milk and Cream	..	..	480		3	—	20
Fruit	..	..	4,285	2	2	2	4
Soup	..	..	127			3	5
Jam	..	..	16				21
Rice	..	..	126		1	—	7
Miscellaneous tinned foods			22			3	—
Total	..		8,856	4	9	3	27

General			Tons	Cwt.	Qrs.	lbs.
Meat	..	..	..	16	—	17
Fish	..	..	..	3	1	20
Bacon	..	..	..	1	1	16
Cheese	..	..	..		2	17
Frozen Eggs	..	..	..		2	—
Sugar	..	..	..	2	3	2
Frozen Foods	..	..	..	10	—	13
Potatoes	..	..	..	2	1	3
Poultry	..	..	..		2	14
Flour and Cereals	..	..	..			6
Dried Fruits	..	..	..		1	15
Miscellaneous	..	..	..		3	20
Total	..		1	19	1	3
Grand Total	..		6	9	1	2

### SHOPS ACT, 1950

The provisions of the Shops Act, 1950, relating to Closing Hours continue to give rise to some controversy.

One prosecution was taken during the year which arose following the display of an advertisement announcing Sunday opening at a Ladies' Hairdressing Shop. Despite representations to the proprietor, the shop continued to open on Sunday morning. He was prosecuted and fined £5 the maximum liable for the first offence, together with £5 5s costs.

### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Two samples of filling materials were taken during the year, one of pre-packed rag flock ready for retail sale and one of layered cotton felt from a workshop engaged in the upholstery business.

The latter sample failed to meet the requirements of the Rag Flock and Other Filling Materials Regulations, 1951, in respect of the trash content.

Proceedings were taken against the manufacturer who was fined £15 and £5 5s costs.

### FABRICS (MISDESCRIPTION) REGULATIONS, 1959

The Department was concerned at reports that some flare-proof fabrics, especially for children's night-dresses, did not remain so after washing. Considerable difficulty was experienced in finding retailers who stocked this flare-proof material, stating that stocks had been allowed to run out without replenishment due to lack of public demand.

Two samples of materials were taken under the above Regulations. One was flare-free Nylon Net and the other a child's Bri-Nylon nightdress.

Both samples were sent to the approved Analyst, tested before and after washing and found to be satisfactory.

### NOISE ABATEMENT ACT, 1960

Surveys were carried out and decibel readings taken with a noise meter, sometimes at night, during the weekends and in the early morning, in connection with many complaints of noise nuisance, the majority of which involved factories working on a shift system. Noises that are quite tolerable during the day can be most disturbing when heard in the night.

In all cases the factory owners were most co-operative and were quite prepared to carry out work which greatly reduced the noise.

Investigation of such nuisances has proved how undesirable it is that factories should be allowed to be built in close proximity to dwelling houses. Once permission has been given for industrial use, it is extremely difficult to prevent a much noisier industry from taking over the premises and working a shift system to the general detriment of the area.

### PUBLIC ABATTOIR

The total number of animals slaughtered at the abattoir during 1963 was 42,726. There were 4,391 fewer sheep, due, no doubt in part, to the very severe winter and the fact that a considerable number were exported to continental countries. The throughput of both beef and pork animals was, in contrast, greater than the previous year – an increase of 261 cattle and 146 pigs.

The extreme winter weather experienced in the early part of the year again emphasized the need for additional covered lairage accommodation for

cattle awaiting slaughter. An above-average number of cattle are slaughtered during the winter months and it proved impossible to house all of them without using the three open yards during the severe conditions prevalent in January and February.

At the other extreme, difficulty is experienced in keeping dressed carcasses satisfactorily during the summer months for the 24 hours between slaughter and distribution to the retail shops. The existing cooling hall/sales rooms are inefficient in this respect and, in order that the keeping quality of the meat be not impaired, consideration should be given in the near future to providing 'chilled' accommodation in which temperature and humidity can be controlled.

The Veterinary officers of the Ministry of Agriculture, Fisheries and Food continued their routine tests of livestock on the farms under the Tuberculosis Eradication Scheme. This resulted in 210 cattle from all parts of Gloucestershire being sent to the Abattoir for slaughter, having failed the Tuberculin test. Of these animals, 138 were found, on post-mortem examination, to be infected with tubercular lesions, 133 having localized lesions only – in which cases, the affected parts or organs were rejected as unfit for human consumption – and five cases requiring total rejection of the whole carcass and its organs. If the 'T.T. Reactors' are excluded from the tables, only two cases of tubercular infection were found during the year in cattle brought to the Abattoir for slaughter from attested herds. In both cases, the lesions were localised but the Ministry's Animal Health Department was given all relevant information to enable them to trace the herds and 'contact' animals involved and carry out further tests. By continued co-operation of this kind between the Public Health Inspectorate and the Ministry's Veterinary Officers, the incidence of tuberculosis in bovine animals is being reduced until it should eventually be completely wiped out.

It is interesting to note that the amount of meat which was found to be unfit for human consumption fell appreciably from the previous year, there being 209 animals totally rejected for a wide variety of conditions during 1962 and only 160 during 1963. The estimated weight of 'condemned' meat also fell from over 32 tons to less than 26 tons.

Although the number of animals found to be infested with *Cysticercus Bovis* also fell from 52 to 38, ten of these beef carcasses were submitted to refrigeration before being passed as fit for food. A noticeable reduction over the past four years in the incidence of this parasitic condition found mainly in young cattle is probably due in part to the increased use being made of intensive beef-rearing methods.

On 1st October, the Government's new Regulations covering Meat Inspection, came into effect. The main provisions include that all animals slaughtered for sale for human consumption must not be removed from the place of slaughter until they have been inspected and, if passed fit for human consumption, until they have been marked : Local Authorities are empowered to make a charge for inspection : Schedules to the Regulations lay down in detail the manner in which the inspection of carcasses and offals is to be carried out and the action to be taken when abnormal conditions are found.

The introduction of these Regulations has made no difference to the procedures which have been commonplace at Cheltenham Abattoir for many years now, including the marking of all carcasses and, in view of the not unfavourable financial state of the Abattoir, no charges are being made specifically for the meat inspection service.

**CARCASSES AND OFFAL INSPECTED AND CONDEMNED  
IN WHOLE OR IN PART AT CHELTENHAM PUBLIC ABATTOIR**  
**Annual Summary ending 31st December, 1963**

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number killed	5,752	403	1,673	17,925	16,973	42,726
Number inspected	5,752	403	1,673	17,925	16,973	42,726
<b>All diseases except Tuberculosis and Cysticerci</b>						
Whole carcasses condemned	4	12	39	30	70	155
Carcasses of which some part or organ was condemned	957	131	4	506	1,288	2,886
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	16.70%	35.48%	2.56%	2.99%	8.00%	7.11%
<b>Tuberculosis only:</b>						
Whole carcasses condemned	1	4	—	—	—	5
Carcasses of which some part or organ was condemned	45	82	8	—	374	509
Percentage of the number inspected affected with tuberculosis	0.79%	21.33%	0.47%	—	2.20%	1.20%
<b>Cysticercosis only:</b>						
Carcasses of which some part or organ was condemned	38	—	—	—	—	38
Carcasses submitted to treatment by refrigeration	10	—	—	—	—	10
Generalized and totally condemned	—	—	—	—	—	—

## TOTAL WEIGHTS OF MEAT AND ORGANS REJECTED, 1963

	Tons	Cwts.	Qrs.	Lbs.	Tons	Cwts.	Qrs.	Lbs.
<b>Bovine</b>								
Meat in Carcass	5	10	3	8				
Meat not in Carcass	1	13	3	15				
Organs and Viscera	7	0	1	11				
<b>TOTAL</b>	<b>14</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>14</b>	<b>5</b>	<b>0</b>	<b>6</b>
<b>Ovine</b>								
Meat in Carcass	—	11	2	13				
Meat not in Carcass	—	—	—	9				
Organs and Viscera	—	11	0	21				
<b>TOTAL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>15</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>15</b>
<b>Swine</b>								
Meat in Carcass	4	15	0	8				
Meat not in Carcass	3	8	2	16				
Orgns and Viscera	2	4	3	20				
<b>TOTAL</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>16</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>16</b>
<b>TOTAL MEAT</b>	<b>16</b>	<b>—</b>	<b>—</b>	<b>13</b>				
<b>TOTAL ORGANS AND VISCERA</b>	<b>9</b>	<b>16</b>	<b>1</b>	<b>24</b>				
<b>TOTAL</b>	<b>25</b>	<b>16</b>	<b>2</b>	<b>9</b>	<b>25</b>	<b>16</b>	<b>2</b>	<b>9</b>

## CYSTICERCUS BOVIS

There were 38 cases of Cysticercus Bovis during the year, the overall rate of infestation being 0.49 per cent.

**CARCASSES REJECTED AS TOTALLY UNFIT FOR HUMAN FOOD**  
**1963**

Diseases	Bulls	Cows	Heifers	Steers	Calves	Sheep	Pigs	Total
Actinobacillosis, generalized	—	—	—	—	—	—	—	—
Actinomycosis, generalized	—	—	—	—	—	—	—	—
Anaemia, advanced	—	—	—	—	—	—	—	—
Abscesses, multiple	—	—	—	—	—	2	2	4
Blackleg	—	—	—	—	—	—	—	—
Bruising, extensive and severe	—	—	—	—	—	2	1	3
Cysticercus bovis, generalized	—	—	—	—	—	—	—	—
Cysticercus cellulosae	—	—	—	—	—	—	—	—
Cysticercus ovis, generalized	—	—	—	—	—	—	—	—
Decomposition, generalized	—	—	—	—	—	1	—	1
Emaciation, pathological	—	3	—	—	1	7	9	20
Fever (including salmonellosis)	—	2	—	—	1	1	11	15
Foot and mouth disease	—	—	—	—	—	—	—	—
Immaturity	—	—	—	—	—	—	—	—
a) Stillborn or unborn carcasses	—	—	—	—	—	—	—	—
b) Oedematous carcasses and carcasses in poor physical condition	—	—	—	—	6	—	—	6
Moribund	—	—	—	1	—	2	3	6
oundice	—	—	—	—	—	—	2	2
Malignant catarrhal fever	—	—	—	—	—	—	—	—
Mastitis, acute septic	—	—	—	—	—	—	—	—
Melanosis, generalized	—	—	—	—	—	—	—	—
Metritis, acute septic	—	—	—	—	—	1	—	1
Abnormal odour, associated with disease or other conditions prejudicial to health	—	—	—	—	—	—	—	—
Oedema, generalized	—	2	—	—	1	6	1	10
Pericarditis, acute septic	—	—	—	—	—	—	1	1
Peritonitis, acute, diffuse, septic	—	4	—	—	2	3	9	18
Pleurisy, acute, diffuse, septic	—	—	—	—	1	—	—	1
Pneumonia, acute, septic	—	—	—	—	2	—	4	6
Pyaemia, including joint-ill	—	—	—	—	12	—	1	13
Sarcocysts, generalized	—	—	—	—	—	—	—	—
Septicaemia or toxæmia	—	—	—	1	—	13	5	19
Swine erysipelas, acute	—	—	—	—	—	—	4	4
Swine fever	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—
Trichinosis	—	—	—	—	—	—	—	—
Tuberculosis, generalized	—	4	1	—	—	—	—	5
Tuberculosis, congenital	—	—	—	—	—	—	—	—
Tumours	—	—	—	—	—	—	—	—
(a) Malignant with secondary growths	—	—	1	1	—	—	—	2
(b) Multiple	—	1	—	—	—	—	—	1
Uraemia	—	—	—	—	—	—	3	3
<b>TOTALS</b>	—	16	4	1	39	30	70	160

### PEST CONTROL

748 complaints were received and investigated and 3,784 visits made in connection with various pests to refuse tips, sewage works, waterworks, parks, allotments and along the banks of the streams. Warfarin is generally used as a rodenticide poison, which is comparatively safe and continues to be most effective.

In spite of the severity of the winter of 1962/1963, the number of wasps' nests treated increased from 72 in 1962 to 246 this year, realizing an income of £112.

Moles proved to be a most serious nuisance at the Cemetery, and, being quite difficult to eradicate, were dealt with by means of Hydrogen Cyanide and Strychnine.

Many complaints were dealt with from Church authorities and business premises concerning the number of feral pigeons which live in the many old buildings in the town, disfiguring property, entering roof spaces and causing considerable damage.

### HEALTH EDUCATION

The most effective form of health education to those engaged in the food trade is undoubtedly that given in the place of employment where difficulties can be discussed and advice given in the particular job with which they are concerned.

Lectures were given to two of the local colleges, in addition to six given to Student Health Visitors. Welfare and other trainees were given instruction in the Department, being taken round and shown the various aspects of the work of a Public Health Inspector.

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

## PART 1 – RATS AND MICE

		<i>Rats</i>	<i>Mice</i>	<i>Total</i>
<b>1. Complaints Received:</b>	..	240	188	428
<b>2. Number of Premises Inspected :</b>				
(a) As a result of complaint				
Private Dwellings .. ..			351	
Business Premises .. ..			127	
Local Authority Properties			15	
				493
(b) As routine visit or survey				
Private Dwellings .. ..			871	
Business Premises .. ..			324	
Local Authority Properties			348	
				1,543

**. Number of Premises found to be infested:**

	<i>Rats</i>	<i>Mice</i>	
Private Dwellings ..	171	136	307
Business Premises ..	56	43	99
Local Authority Premises ..	23	22	45

4. Number of Visits Paid:

(a) For inspection	..	..	1,266	421	1,687
(b) For treatment	..	..	1,104	441	1,545
					<u>3,232</u>

## 5. Sewer Maintenance Treatments:

Total number of manholes in Borough .. ..	1,657
Maintenance Treatment No. 33 (April/May, 1963)	
Number of sewer manholes baited ..	204
"      "      "      where poison bait taken	15
"      "      "      7.3%	
Maintenance Treatment No. 34 (October, 1963)	
Number of sewer manholes baited with poison	223
"      "      "      where poison bait taken	17
"      "      "      7.6%	

## PART II – OTHER PESTS

### 1. Complaints Received:

<i>Ants</i>	<i>Moles</i>	<i>Wasps</i>	<i>Insects</i>			
<i>Flies</i>	<i>Beetles</i>	<i>Rabbits</i>	<i>Pigeons</i>	<i>Bees</i>	<i>etc.</i>	<i>Total</i>
23	35	3	22	235	2	320

2. Number of Visits Paid:

Inspection	6	25	38	105	42	2	218
Treatment	18	32	13	25	246	—	334

**CHIEF PUBLIC HEALTH INSPECTOR'S STAFF**  
**as at 31st December, 1963**

**TECHNICAL**

Deputy Chief Public Health	<i>A. L. Jones, M.A.P.H.I., San Science R.S.H.*†</i>
District Inspectors	<i>H. Stone, M.A.P.H.I.*†</i> <i>G. J. C. Buck, M.A.P.H.I., M.R.S.H.*†</i>
	<i>A. H. Carling, M.A.P.H.I.*†</i> <i>R. J. Wintle, M.A.P.H.I.*†</i>
Pupils	<i>D. Wise</i> <i>R. S. C. Walker</i>

**ABATTOIR**

Meat Inspector	<i>R. Hullah, M.Iust.M., M.A.P.H.I.*†</i>
Superintendent	<i>T. W. Agg</i>
Assistant Superintendent	<i>A. H. J. Lewis</i>
Handyman	<i>A. Edwards</i>
Handyman	<i>E. Hawker</i>

\* Certified Meat and Food Inspector, R.S.H.

† Public Health Inspector's Education Board Certificate

**DISINFECTION AND DISINFESTATION**

Disinfection Officer	<i>G. Cross</i>
Assistant	<i>B. G. Davies</i>

**RODENT CONTROL**

Pests Officer	<i>A. C. Jones</i>
Rodent Operator	<i>G. Richardson</i>
Rodent Operator	<i>H. J. Nunney</i>

**CLERICAL**

Senior Clerk	<i>D. Y. Harrison</i>
Secretary	<i>Miss M. E. J. Eddeu</i>
Clerical Assistant	<i>Miss E. M. Oliver</i>
Shorthand Typist	<i>Mrs J. M. Workman</i>
Junior Clerk	<i>Miss S. E. Davis</i>